

African American Symposium

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

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Social Determinants of Health

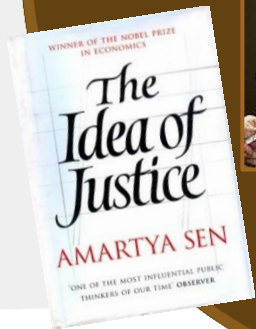
Individual Lifestyle Choices

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



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

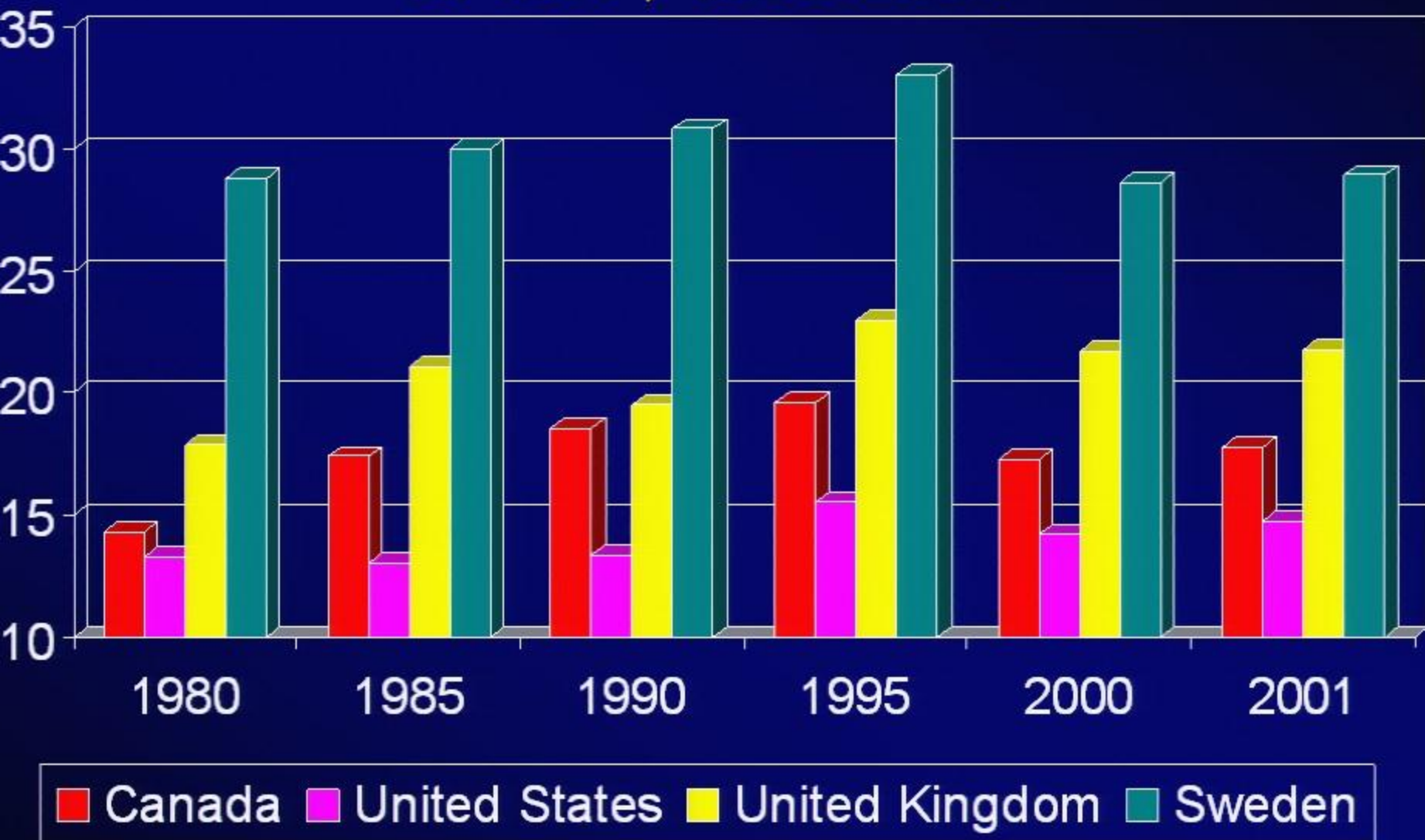
- An individual's chances of getting sick are largely unrelated to the receipt of medical care
- Where we live, learn, work and play determine our opportunities and chances for being healthy
- Social Policies can make it easier or harder to make healthy choices

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



What are health inequities?



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

Social & Economic Policies Contribution to Inequities

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.”

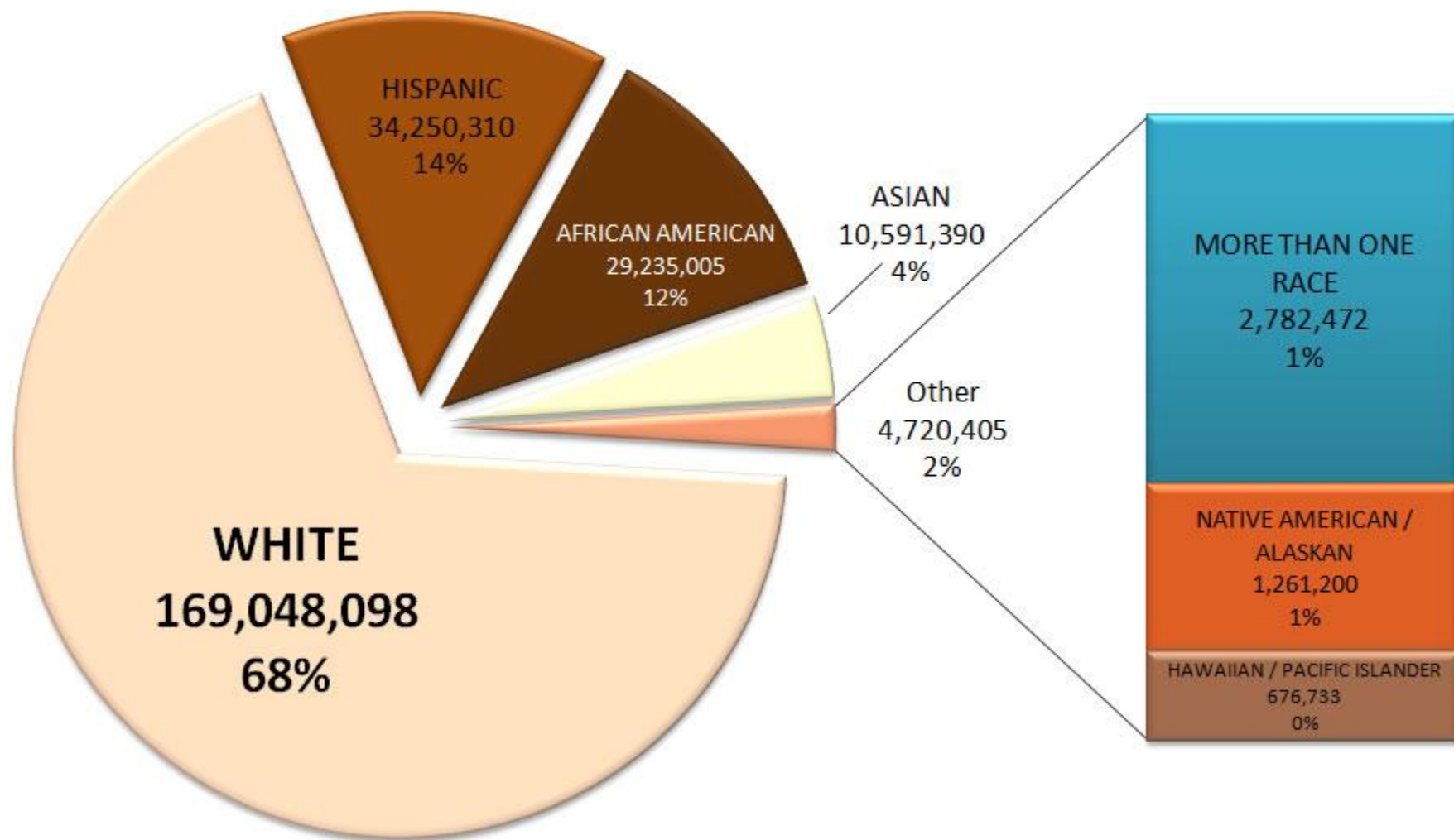
Source: Andres, 2009A



An Example of Public Policy

Prison Policy in the US

Adults in America by Race/Ethnicity

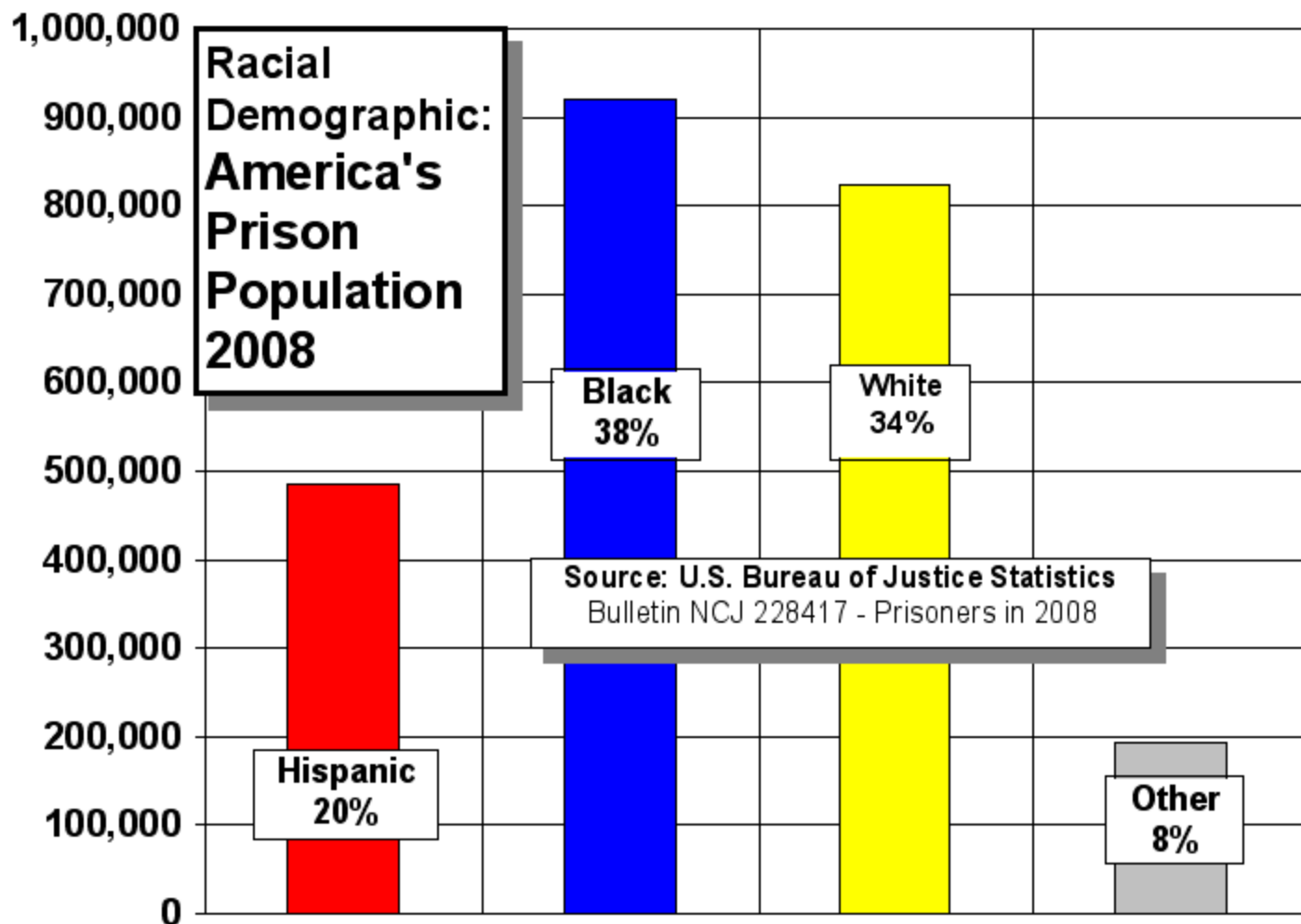


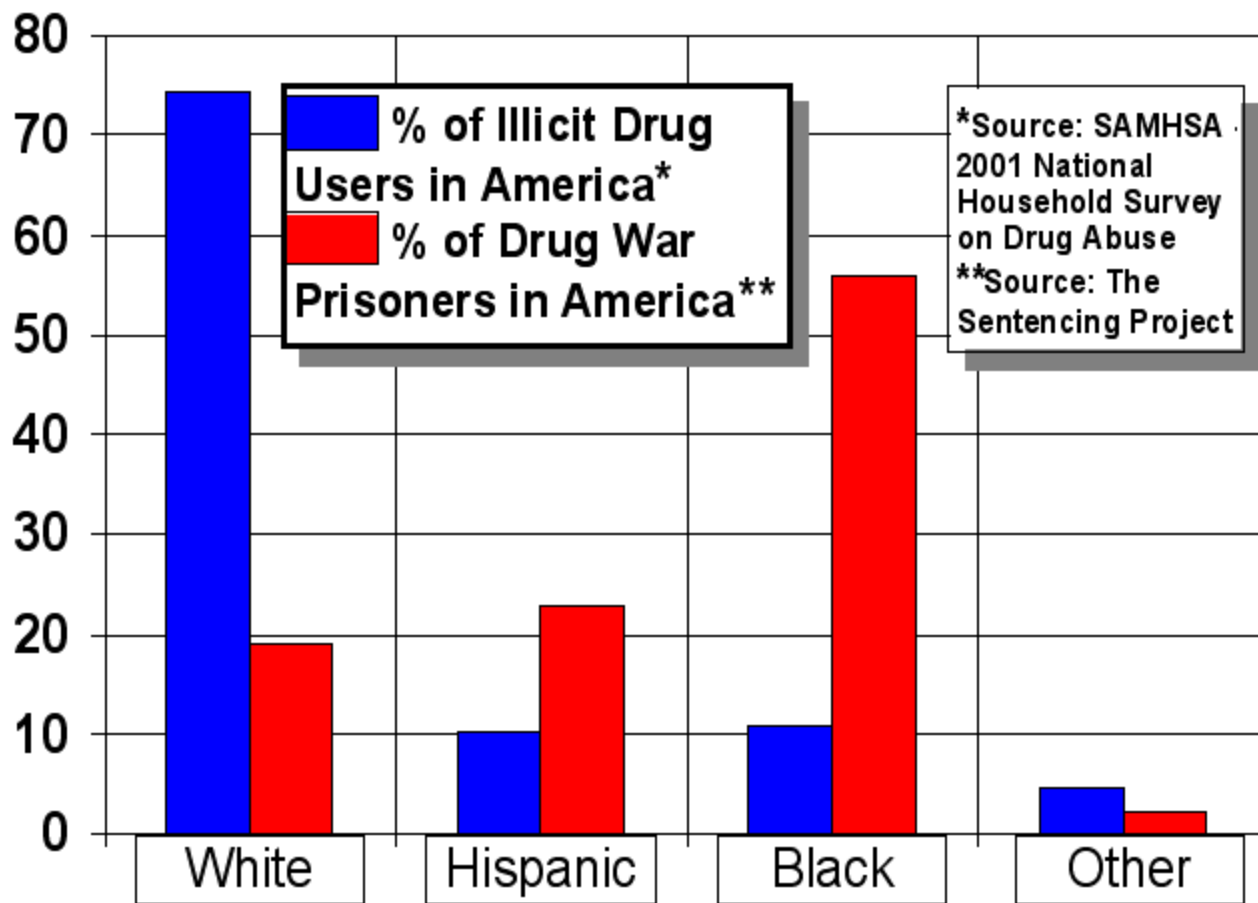
The World's Leading Jailers

Prisoners of the World - 2008

Source: Roy Walmsley, World Prison Population List, 2009 (8th ed.), United Kingdom Home Office Research







■ % of Illicit Drug Users in America*
■ % of Drug War Prisoners in America**

*Source: SAMHSA
 2001 National Household Survey on Drug Abuse
 **Source: The Sentencing Project

Poverty:

Socioeconomic Status (SES) (measured by income, education, or occupation) influences health in every society

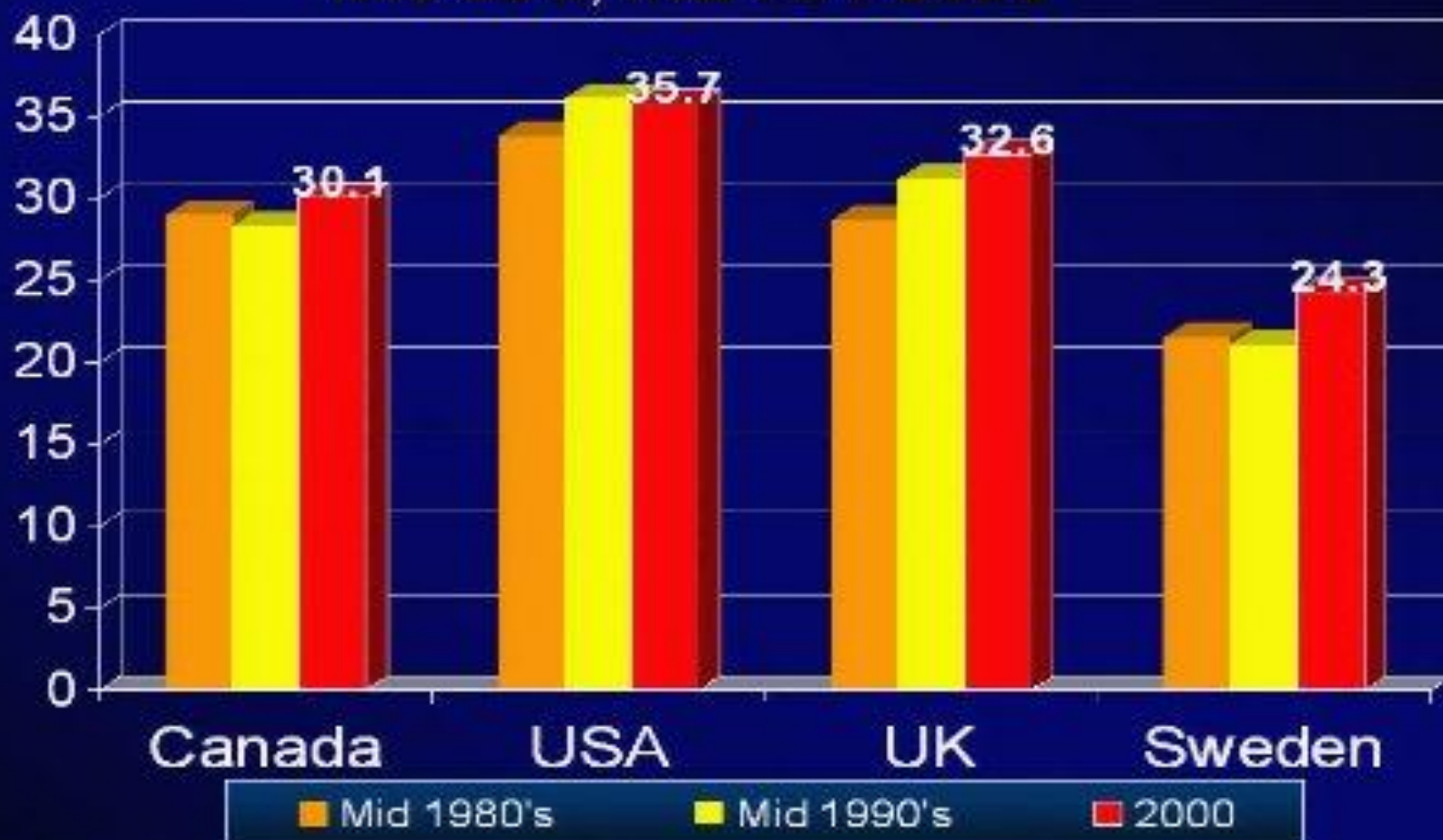


SES:

One of the most powerful predictors of health more than genetics, exposure to carcinogens, and smoking.

Income Inequality – Gini Coefficient

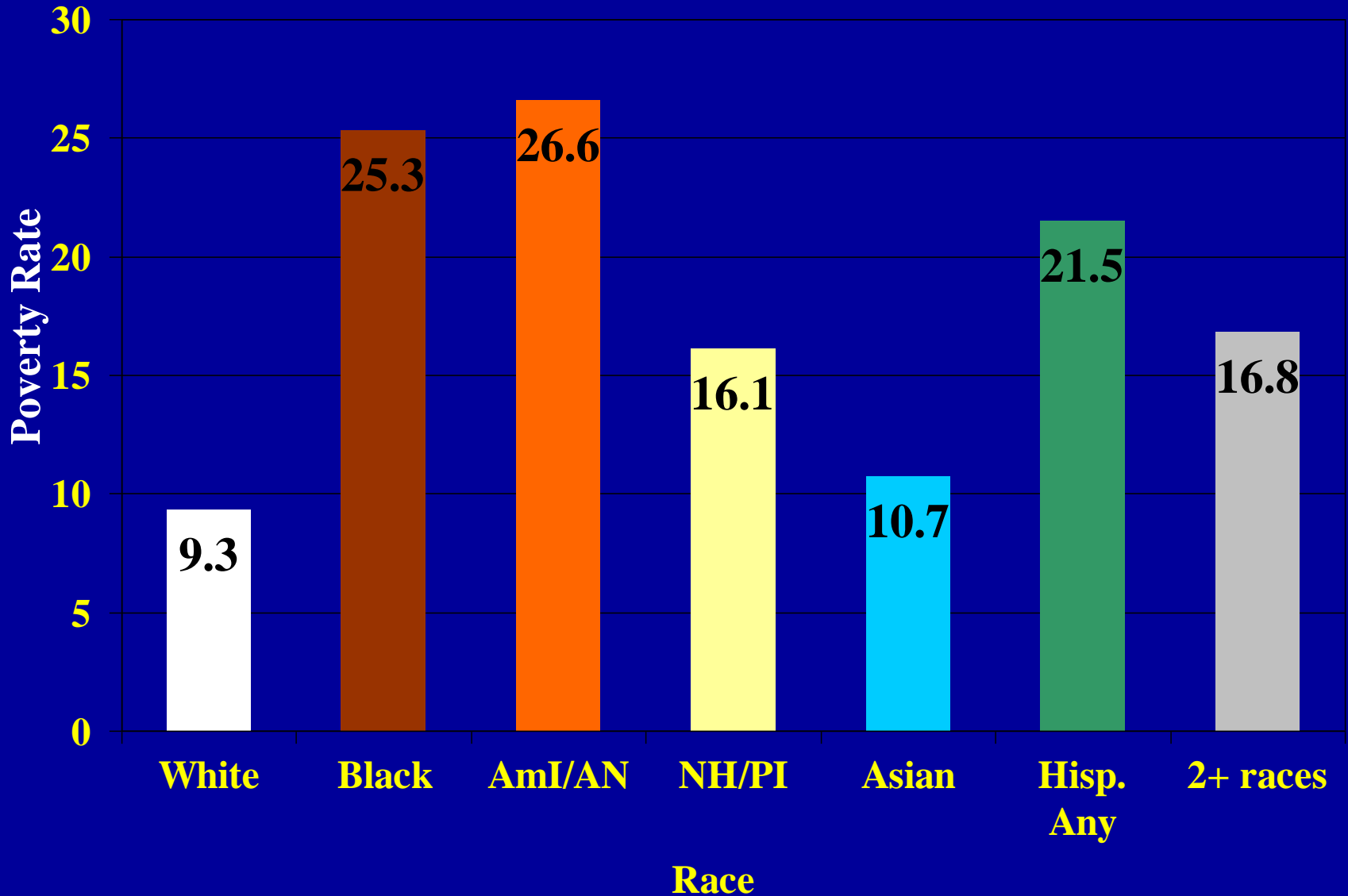
Canada, USA, UK, and Sweden, Mid 80's, mid 90's 2000



Source: OCED (2005). *Society at a Glance 2005*. Paris: OECD.

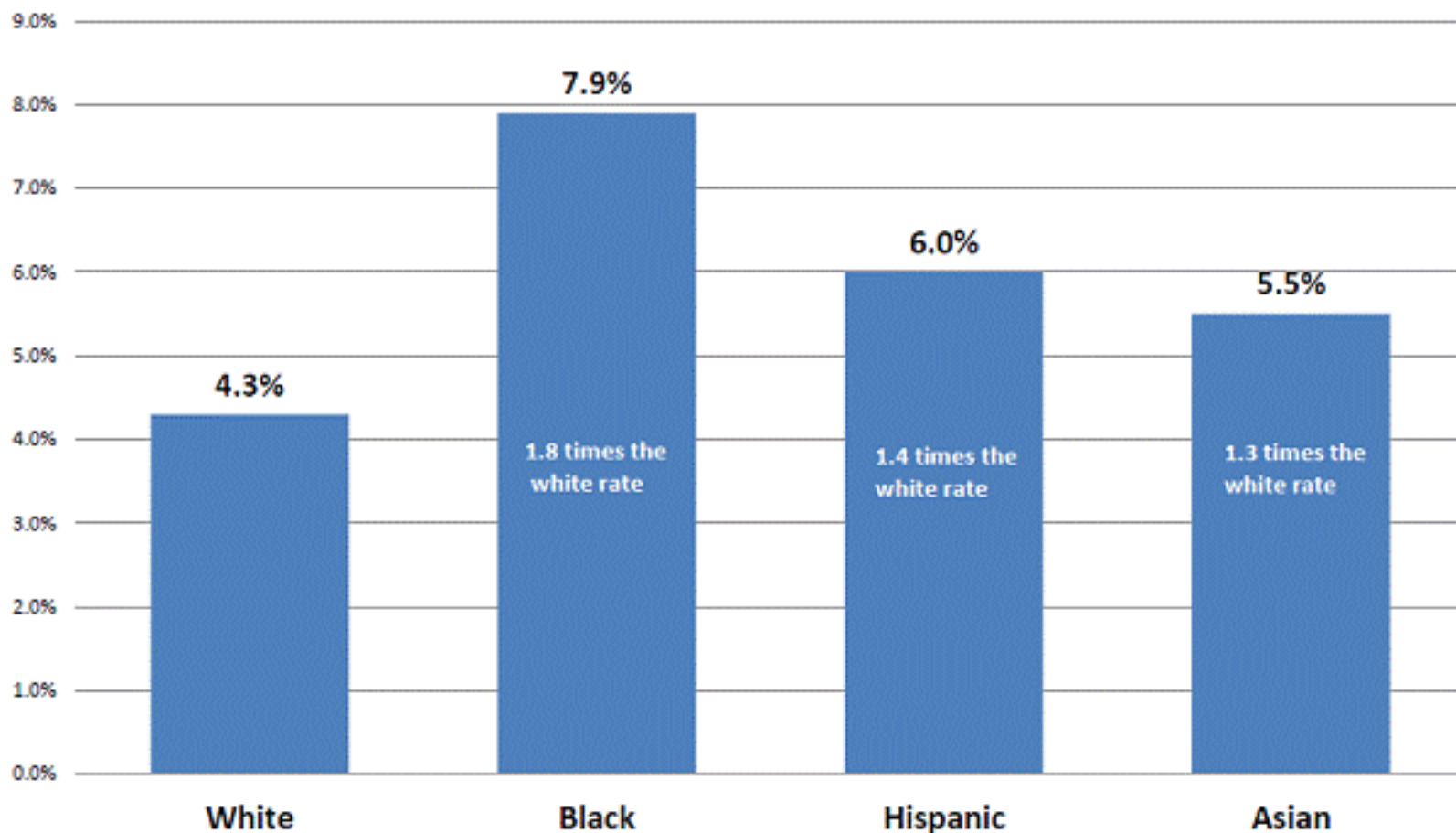
Percentage of Persons in Poverty

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)



Source: Author's analysis of data from the U.S. Bureau of Labor Statistics' Current Population Survey.

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

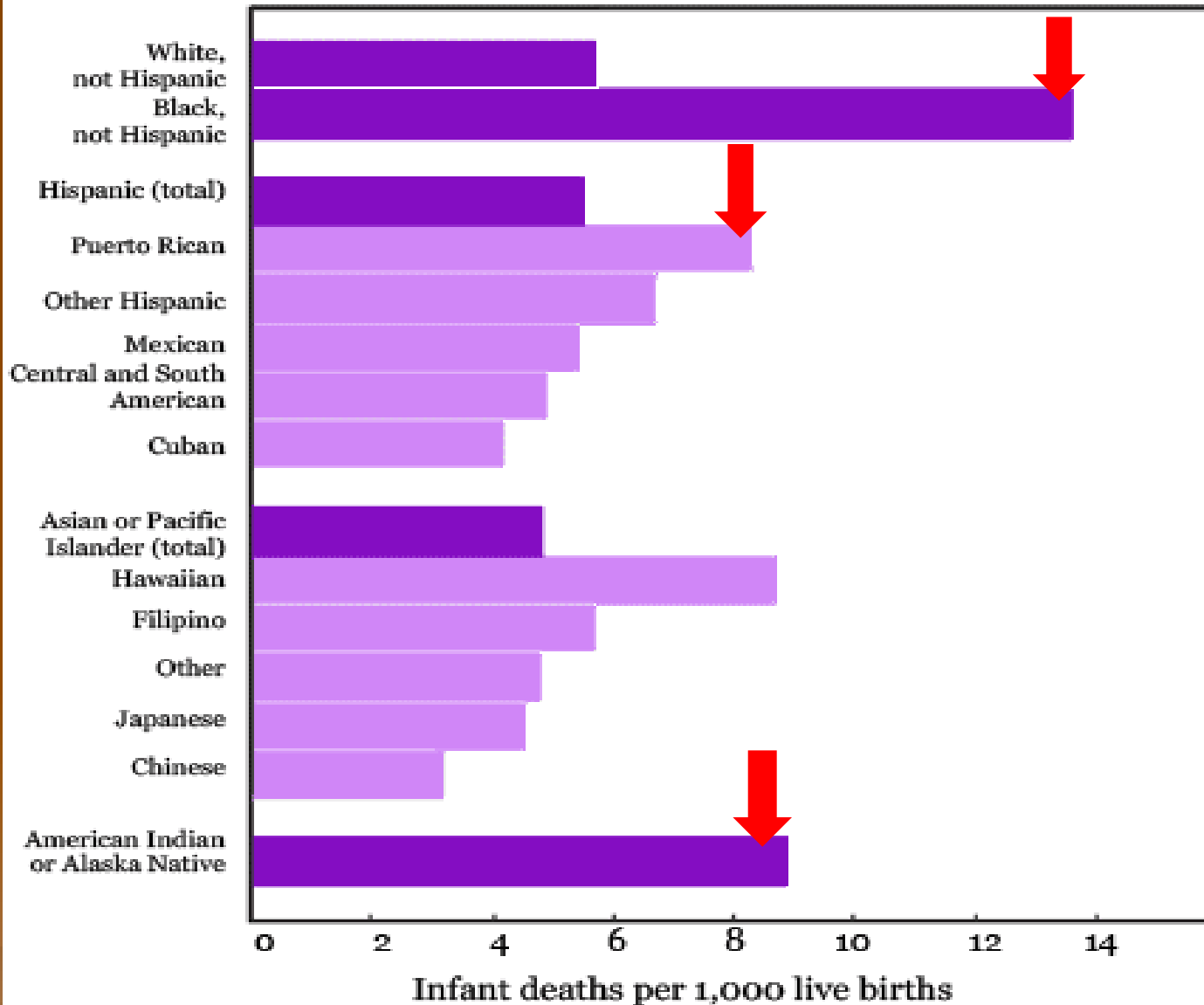


African American women of Highest SES
group:

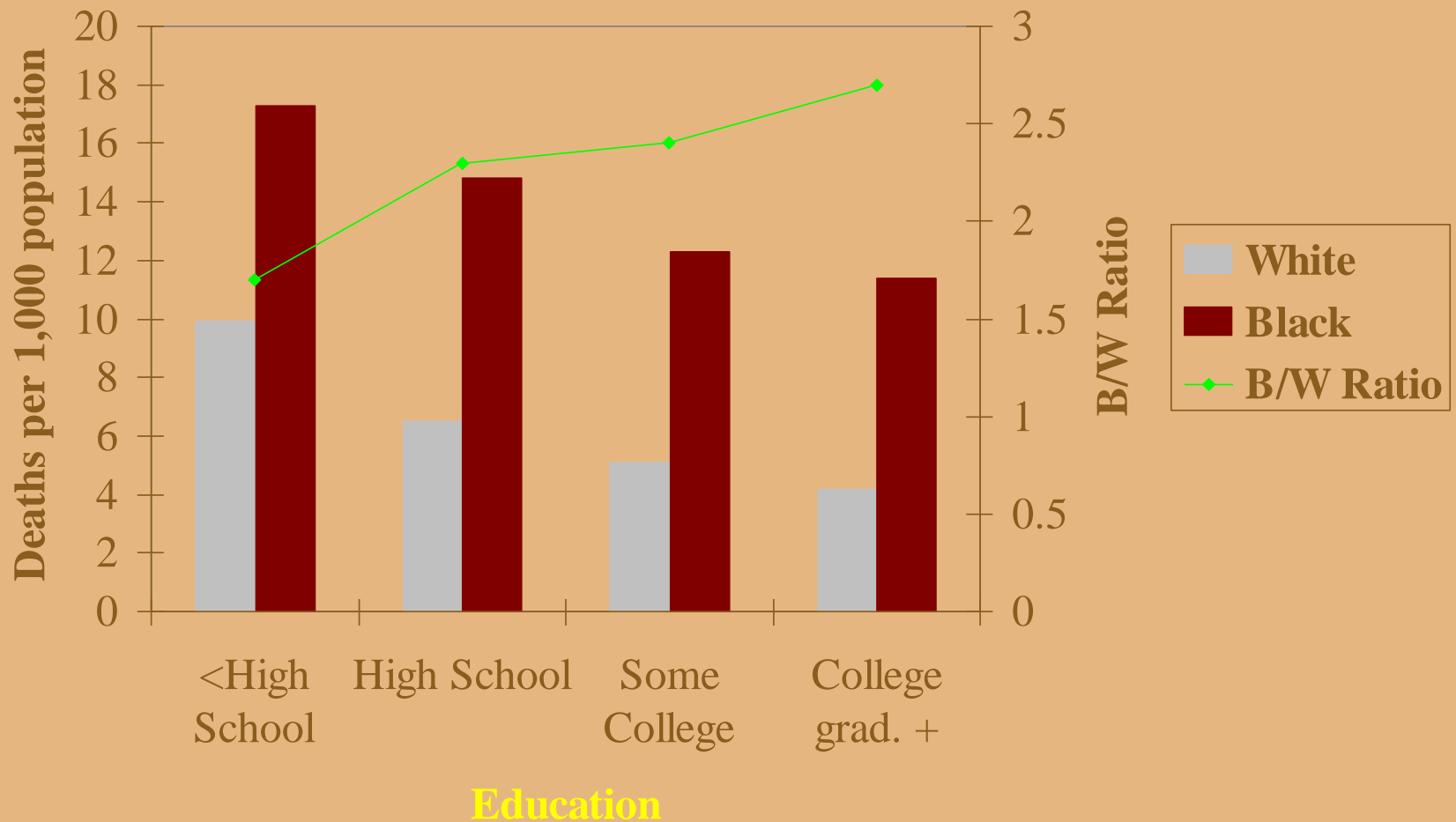
Have equivalent or higher rates of
infant mortality, low birth-weight

Are hypertensive and overweight
more than the lowest SES group of
white women

Infant mortality rates in the U.S., by race and Hispanic origin of mother, 2000-2002.



Infant Death Rates by Mother's Education, 1995



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)

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

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



RACISM



- 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

DRINKING FOUNTAIN

WHITE

COLORED

MONTGOMERY, ALA

14 JULY 30

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

STRUCTURAL RACISM

- “...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

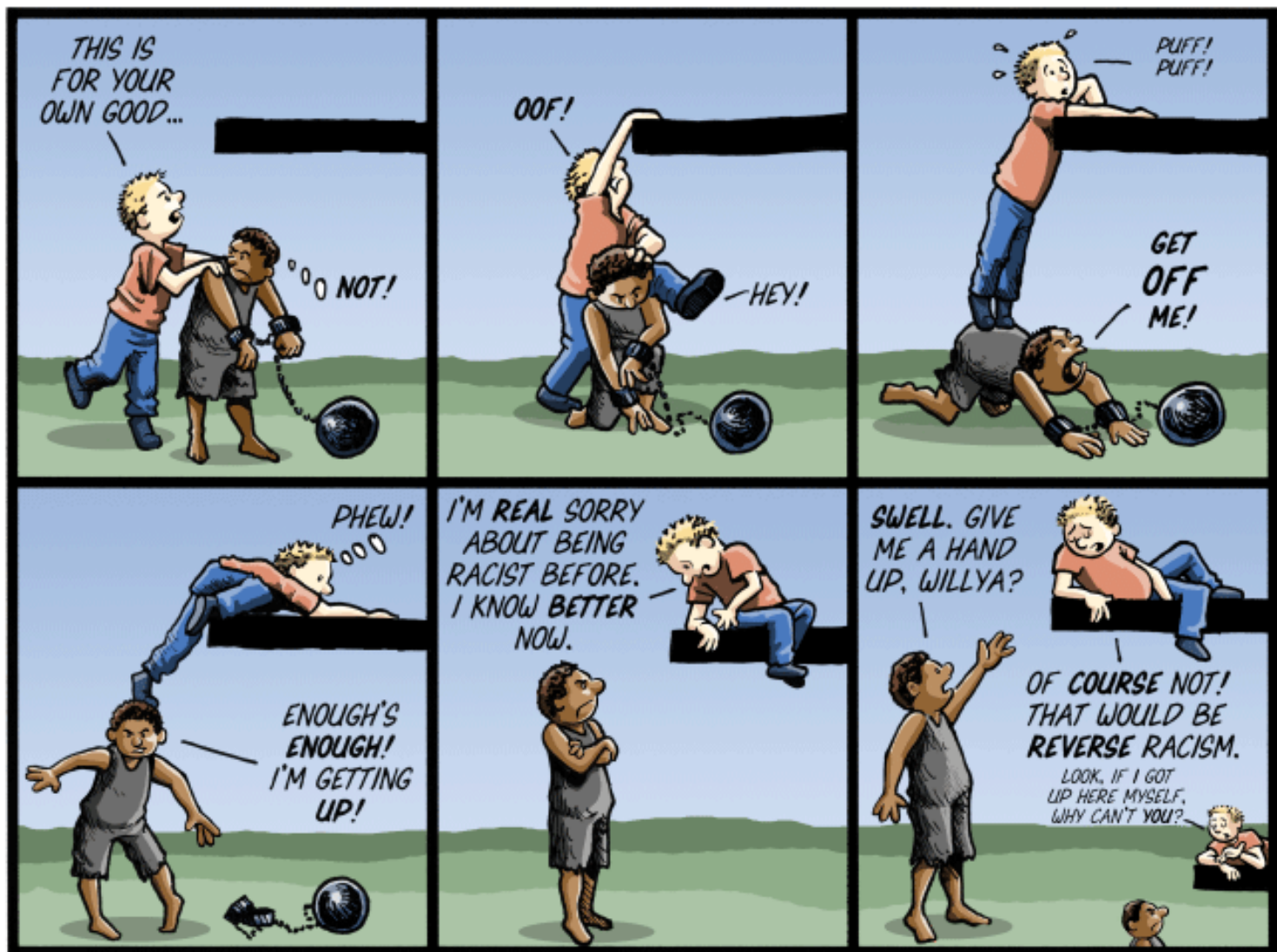
Impact of Structural Racism

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



THIS IS FOR YOUR OWN GOOD...

NOT!

OOF!

HEY!

PUFF!
PUFF!

GET OFF ME!

PHEW!

ENOUGH'S ENOUGH!
I'M GETTING UP!

I'M REAL SORRY ABOUT BEING RACIST BEFORE. I KNOW BETTER NOW.

SWELL. GIVE ME A HAND UP, WILLYA?

OF COURSE NOT!
THAT WOULD BE REVERSE RACISM.
LOOK, IF I GOT UP HERE MYSELF, WHY CAN'T YOU?

A CONCISE HISTORY OF BLACK-WHITE RELATIONS IN THE U.S.A.



- **EXAMPLES OF
STRUCTURAL
RACISM**

Social Security Act - 1935



- 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.

Fair Housing Act 1968



GOAL: Enable Equal Access to Housing

- œ Structurally Racist Policies
 - œ Lending Policies – mortgages
 - œ Zoning Restrictions – multifamily dwellings
 - œ Transportation – limited infrastructure
- œ Outcome – residential segregation
 - œ NYC – 3rd highest segregation index

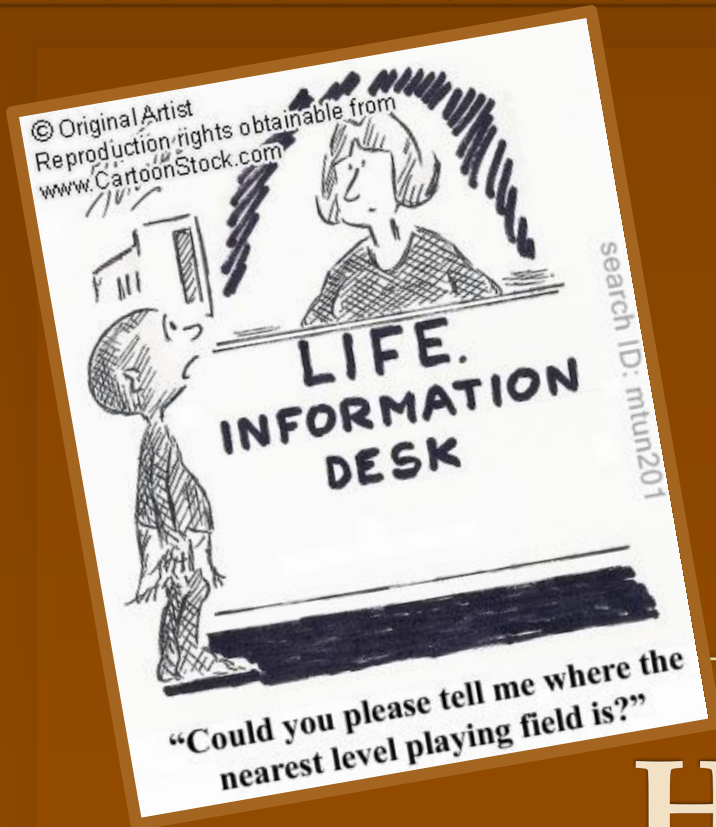
Structural Racism at the Community Level



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



How does the
playing field get
leveled?

Moving Upstream



**Effective Policies to reduce
inequalities in health must address
fundamental non-medical
determinants.**



Social Determinants of Health

Individual Lifestyle Choices

Individual Health and Illness

**Addressing Social Determinants of Health
Begins the Leveling Process**

