

HSC4211 Health, Behavior and Society

Racism, Structural Factors and Health Inequities: Part 2

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Undoing Racism

The Troutman Group

What is racism?

A system

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What is racism?

A system of structuring opportunity and assigning value based on the social interpretation of how one looks ("race")

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

The Troutman Group Source: Jones CP, Phylon 2003

- Racism; An ideology of inferiority that is used to justify the unequal treatment of groups defined as inferior by both individuals and social institutions

Racism

- History and contemporary manifestation of structural inequality and discrimination and or ideology based on color supremacy
- Must be included as variables in public health and research
- Individual and societal viewpoint
- Manifestations in health and medicine

Levels of Racism

- Individually Mediated
 - People make assumptions about one abilities based on their race and act differently towards them (discrimination)
- Institutionalized
 - Differential access to goods and services, access to power, economic and social mobility based on race. May be supported by law or institutional structure and practice.

Levels of Racism

- Internalized
 - Acceptance by members of the racial or ethnic group of the negative beliefs of their own abilities and value.
 - May lead to depression, hopelessness, helplessness and living as victim

Measures of institutionalized racism

- Aggregate
 - Degree of residential segregation
 - Median home value
 - School spending per pupil
 - Number of toxic dump sites
 - Community voter registration rates
- Individual
 - Education
 - Occupation
 - Income
 - Wealth
 - Family economic history

Measures of personally-mediated racism

- Aggregate
 - Differentials in medical procedure utilization
 - Patterns of hiring, retention, and promotion
 - Differentials in criminal sentencing
- Individual
 - Experiences of unfair treatment
 - [Measures adapted from available scales]
 - Formal discrimination complaints
- Experimental
 - Double-applicant test cases

Measures of internalized racism

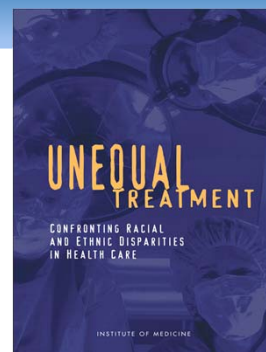
- Aggregate
 - Distributions of skin color in exclusive clubs
- Individual
 - Personal voting history
 - Hiring or purchasing preferences and history
 - Dating histories by "race" and skin color
 - Perceptions of beauty
 - Measures of self-efficacy

Black Doll White Doll Experiment


- <http://www.youtube.com/watch?v=ybDa0qSuAcg>

Racism and Health: Mechanisms

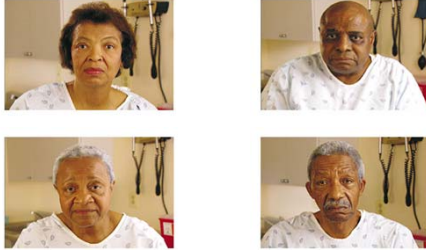
- Institutional discrimination can restrict socioeconomic attainment and group differences in SES and health.
- Segregation can create pathogenic residential conditions.
- Discrimination can lead to reduced access to desirable goods and services.
- Internalized racism (acceptance of society's negative 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.



"Patients" experiencing symptoms of heart disease, from Schulman et al. (1999)



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Harvard Study April 2008

- o Chest pain presentation with computerized patient image
- o Symptoms consistent with MI
- o Questions designed to test for bias
- o "Trainee Doctors"

Harvard (cont)

- o We found that as doctors unconscious biases against African Americans increased, their likelihood of giving (clot busting) treatment decreased. It's not a matter of being a racist. It's really a matter of the way your brain processes information and is influenced by the things which you have seen, things you've experienced, the way media sees things"

Dr. Alexander Green, Mass General Hospital

Segregation and Housing Quality

- ↑ Crowding
- ↑ Sub-standard housing
- ↑ Noise levels
- ↑ Environmental hazards (lead, pollutants, allergens)
- ↓ Ability to regulate temperature

Segregation and Health Behaviors

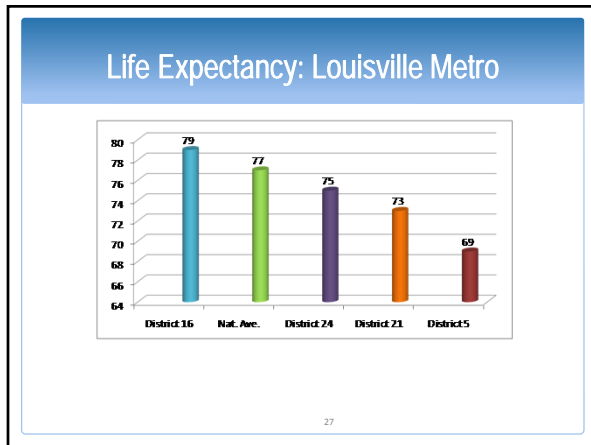
- ↓ Recreational facilities (playgrounds, swimming pools)
- ↑ Marketing and outlets for tobacco, alcohol, fast foods
- ↑ Exposure to stress (violence, financial stress, family separation, chronic illness, death, and family turmoil)

Segregation and Neighborhood Quality

- ↓ Municipal services (transportation, police, fire, garbage)
- ↓ Purchasing power of income (poorer quality, higher prices).
- ↓ Access to Medical Care (primary care, hospitals, pharmacies)
- ↑ Personal and property crime
- ↑ Environmental toxins
- ↑ Abandoned buildings, commercial and industrial facilities

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Segregation and Medical Care - I

- Pharmacies in segregated neighborhoods are less likely to have adequate medication supplies (Morrison et al. 2000)
- Hospitals in black neighborhoods are more likely to close (Buchmueller et al 2004; McLafferty, 1982; Whiteis, 1992).
- MDs are less likely to participate in Medicaid in racially segregated areas. Poverty concentration is unrelated to MD Medicaid participation (Greene et al. 2006)

Segregation and Medical Care -II

- Blacks are more likely than whites to reside in areas (segregated) where the quality of care is low (Baicker, et al 2004).
- African Americans receive most of their care from a small group of physicians who are less likely than other doctors to be board certified and are less able to provide high quality care and referral to specialty care (Bach, et al. 2004).

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

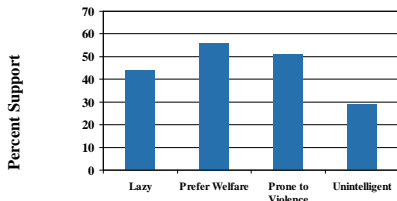
Segregation: Distinctive for Blacks

- Blacks are more segregated than any other group
- Segregation varies by income for Latinos & Asians, but high at all levels of income for blacks.
- Wealthiest blacks (> \$50K) are more segregated than the poorest Latinos & Asians (< \$15,000).
- Middle class blacks live in poorer areas than whites of similar SES and poor whites live in better areas than poor blacks.
- Blacks show a higher preference for residing in integrated areas than any other group.

Source: Massey 2004

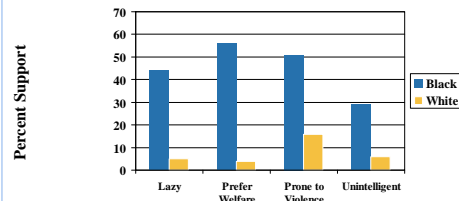
Persistence of Negative Racial Stereotypes: Undergirding the persistence of multiple forms of racism

Percent of Whites Agreeing that Blacks are



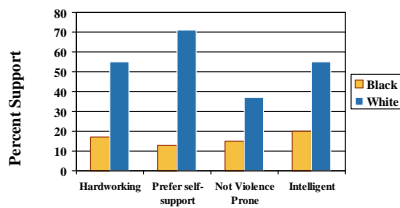
General Social Survey (Davis and Smith), 1990

Percent of Whites Agreeing that Blacks and Whites are



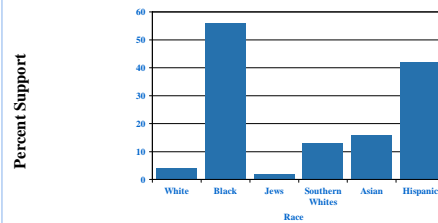
General Social Survey (Davis and Smith), 1990

Percent of Whites Agreeing that Blacks and Whites are



General Social Survey (Davis and Smith), 1990

Percent of Whites Agreeing that Group Prefers to Live Off Welfare



General Social Survey (Davis and Smith), 1990

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.

Source: Devan Pager; NYT March 20, 2004

Employers' Perception of Workers

Inner-City Connoted

- *Black *Lacking Values
- *Poor *Unskilled
- *Crime *Uneducated
- *Drugs *Gangs
- *Unstable Families

Source: Kirschenman and Neckerman 1991

Income/Asset Inequities

Socioeconomic Factors

- Surrogate for Race
- Must correct for SES when looking at race
- Prevailing measures imperfect proxies
 - Multiple variations within SES
- Standard measures have different meanings for different races
 - purchasing power will differ between races
 - low SES AA pay more than whites for rent

SES (Cont)

- At every level, whites have more assets than blacks
- Blacks have less valuable homes
- Whites earn 1.5x's than Blacks, possess 4 times as much wealth 7x's as much asset wealth
- Blacks more likely to be first generation middle class
- More likely to be supporting poorer relatives

SES (Cont)

- Do not capture effect of lifetime exposure to deprivation
- Lack of childhood prevention may have long term effects

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.

Source: Williams & Collins, 2001

Internalized Racism and Health (Jerome Taylor and Colleagues)

A high score on internalized racism was related to:

1. Higher consumption of alcohol
2. Higher levels of psychological distress
3. Higher levels of depressive symptoms

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

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 (IMT; intima-media thickness) 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

Conclusions

1. Racial disparities in health are large, pervasive and persistent over time.
2. Inequalities in health are created by larger inequalities in society, of which racism is one determinant.
3. Racial differences in health reflect the successful implementation of social policies. Eliminating them requires political will and commitment to implement new strategies to improve living and working conditions.
4. Eliminating disparities in health requires (1) acknowledging and documenting the health consequences of racism, and (2) efforts to ameliorate their negative effects, dismantle the structures of racism and/or establish countervailing influences to the pervasive processes of racism.