Racism and Health: Systems of Competing Interest that Impact Health Outcomes

*Illinois Public Health Association*

Presented by:
Gina Lathan, ABD, MPH, Health Equity Chair
Stacy Grundy, MPH, CHES, Health Equity Committee, Racism AdHoc Chair
Tina Wilkins, ABD, MIS, Health Equity Committee Member, Intern
Training Objectives

- To describe the correlation between racism and health outcomes.
- To demonstrate the need for equity in health systems.
- To identify strategies that recognize and address racism in health systems.
"They will not always treat you well."

*Color Blind or Color Brave?, Ted Talk, 2014*
What are the Numbers/Data?

Disparities in Health Care Access by Race or Ethnicity Persist Even After Accounting for Income and Other Factors (2012–13)

Percent of adults ages 18–64

Notes: Black and white refer to black and white non-Hispanic populations. Hispanics may identify as any race. Adjusted means controlled for respondents’ age, sex, health status, and income. Differences are statistically significant at the 0.05 level; (a) minority population compared with white; (b) black compared with Hispanic. Source: 2012 and 2013 Behavioral Risk Factor Surveillance Survey (BRFSS).
What are the Numbers/Data?

Exhibit 3.10
Age-Adjusted Rate of Cancer Incidence Per 100,000 by Race/Ethnicity, 2012

* indicates statistically significant difference from the White population at the p<0.05 level.

Note: AIAN refers to American Indians and Alaska Natives. Data for Native Hawaiians and Other Pacific Islanders could not be separated from Asians. Persons of Hispanic origin may be of any race; other groups may include individuals reporting Hispanic ethnicity. Significance testing between White and Hispanic not indicated due to overlapping samples between these groups. Data for groups other than White and Black should be interpreted with caution; see source technical notes for more information.

What are the Numbers/Data?

Exhibit 3.14

Age-Adjusted Death Rates per 100,000 for Selected Diseases by Race/Ethnicity, 2014

- **White**
- **Asian/Pacific Islander**
- **Hispanic**
- **Black**
- **AIAN**

### Diabetes Death Rate
- White: 19
- Asian/Pacific Islander: 15
- Hispanic: 25
- Black: 38
- AIAN: 41

### Heart Disease Death Rate
- White: 170
- Asian/Pacific Islander: 86
- Hispanic: 116
- Black: 153
- AIAN: 211

### Cancer Death Rate
- White: 171
- Asian/Pacific Islander: 103
- Hispanic: 115
- Black: 194
- AIAN: 141

* Indicates statistically significant difference from the White population at the p<0.05 level.

Note: AIAN refers to American Indians and Alaska Natives. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Data for Native Hawaiians and Other Pacific Islanders were not separated from Asians. Data for some groups should be interpreted with caution; see https://wonder.cdc.gov/wonder/help/usdhtmlracial.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER Online Database, Underlying Cause of Death, 2014.
What are the Numbers?

Figure 1
Distribution of U.S. Population by Race/Ethnicity, 2015 and 2045

NOTES: All racial groups are non-Hispanic. Other includes Native Hawaiians and Pacific Islanders, Native Americans/Alaska Natives, and individuals with two or more races. Data do not include residents of Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands.

How did we get here?

“Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death” (King, 1966).
How did we get here?
How did we get here?

- The rate of witnessing a threat or injury with a gun was 15% higher among black children than among white children;
- The biggest independent contributor to reductions in disparities are a child’s school and socio-economic status;
- Between Black and White children, the school was the most important mediator;
- Between Latino and White children, the socioeconomic status was the most important mediator;
- Race, income and zip codes matter.
Social Determinants of Health

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (Healthy People 2020).
Social Determinants of Health

SDOH

Healthy People 2020
Social Determinants of Health

**Education**
- High School Graduation
- Enrollment in Higher Education
- Language and Literacy
- Early Childhood Education and Development

**Health and Healthcare**
- Access to Healthcare
- Access to Primary Care
- Health Literacy

**Neighborhood and Built Environment**
- Access to Health Food
- Quality of Housing
- Crime and Violence
- Environmental Conditions

**Economic Stability**
- Poverty
- Employment
- Food Security
- Housing Stability
A primary variable of health outcomes

“Racism is a driving force of the social determinants of health (like housing, education and employment) and is a barrier to health equity” (Jones, 2017).
What is Race?

- Race is typically defined by the color of one's skin.
- There are no major complex behaviors that directly correlate with what might be considered human “racial” characteristics (Sussman, 2011).
What are Races?

- 99.9% of all genes are identical in humans (Mortillaro, 2016).
- “Race is not biological. It is a social construct” (Jones, 2000).
- Race is a culmination of consequences and effects defined by society.
- Prejudice, stigmatization, xenophobia, discrimination, and racism.
What is Racism?

Racism is a system of structuring opportunity and assigning value based on the social interpretation of race (Jones, 2003).

- Racism requires power
- Racism sustains privilege by allowing access to opportunity
- Racism sustains poverty/disparity by disallowing access to opportunity
Forms of Racism

- Structural Racism
- Institutional Racism
- Personally Mediated
- Internalized Racism
Structural Racism

“Structural Racism in the U.S. is the normalization and legitimization of an array of dynamics - historical, cultural, institutional and interpersonal (Lawerence and Kelcher, 2004).

- Normalizes white privilege
- Produces adverse outcomes for people of color
- Fuels all other forms of racism
Structural Racism

- Minimizes contributions by People of Color
- Penalizing positive strides for People of Color (*Hidden Figures*)
- Implements barriers to progress for People of Color
- Effectively sustains negative outcomes in communities of color
Structural Racism

The Unequal Opportunity Race, Crenshaw, K., & Harris, L. (2010).
Video Recap

- Timespan
- Privilege
- School to Prison Pipeline
- Hurdles (Shortened Lifespan)
Institutional Racism

In practice “institutional racism is a systematic set of patterns, procedures, practices, and policies that operate within institutions” (Better, 2002; Rodriguez, 1987).

- Consistently penalizes People of Color
- Implements barriers and reduces options
- Not easy to prove; evidenced by outcomes
Examples of Institutional Racism

- 1934 - Federal Housing Administration
- 1935 - Social Security Act
- The Criminal Justice System
- The Education System
- The Health System
In 1934, the Federal Housing Administration (FHA) was implemented. Between 1934 and 1962 it backed $120 billion of home loans. More than 98% went to whites (PBS, 2000).

- Home ownership is foundational to wealth in the U.S.
- Institutional racism in housing prohibited economic stability in African American and other communities of color
- The destabilization of minority communities, through denied home ownership, remains a key characteristic of health outcomes
Institutional Racism in Social Security


- The act specifically excluded two occupations including agricultural workers and domestic servants
- The excluded workers were predominately African American, Mexican, and Asian
Institutional Racism in Criminal Justice

- 1 of every 4 African American males born this decade can expect to go to prison in his lifetime (Quigly, 2016)
- Continued erosion of the family unit
- Sustained lifelong barriers to gainful employment
- Driver of poor health outcomes
Institutional Racism in Education

- High-poverty areas have lower home values and collect less taxes, and cannot raise as much money as higher income communities to support public education.
- Black students are suspended and expelled at a rate three times greater than white students.
- On average, 5% of white students are suspended, compared to 16% of black students.
- American Indian and Native-Alaskan students are also disproportionately suspended and expelled, representing less than 1% of the student population but 2% of out-of-school suspensions and 3% of expulsions. (Civil Rights Data Collection, USDOE).
Institutional Racism in Health

As indicated by Peek (2011):

- One study found that physicians were more likely, after controlling for confounding variables, to rate their African-American patients as less educated, less intelligent, more likely to abuse drugs and alcohol, and less likely to adhere to treatment regimens (van Ryn and Burke, 2000).
Personally Mediated Racism

*Personally mediated racism* is defined as prejudice and discrimination (Jones, 2000, p.1212):

- Prejudice means differential assumptions about the abilities, motives, and intentions of others according to their race
- Discrimination means differential actions toward others according to their race
An Example of Personally Mediated Racism

Color blind or Color brave?, Ted Talk, 2014
**Internalized Racism**

*Internalized racism* is defined as acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth. It is characterized by their not believing in others who look like them, and not believing in themselves (Jones, 2008, p. 1213).

- White ice is colder
- Self-devaluation
- Engaging in risky health practices
What Is Health
What is Health?

The World Health Organization indicates three characteristics of health;

- the absence of any disease or impairment;
- a state that allows the individual to adequately cope with all demands of daily life (implying also the absence of disease and impairment);
- a state of balance, an equilibrium that an individual has established within himself and between himself and his social and physical environment”.

What is a Health System?

According to the World Health Organization (2017) a health system:

- Includes trained and motivated health workers;
- A well-maintained infrastructure, with a reliable supply of medicines and technologies;
- Is backed by adequate funding strong health plans and evidence-based policies;

Additionally, those trained and motivated health workers should be diverse and reflective of the communities served.
What is Health Equity?

According to Healthy People 2020 health equity is defined as the:
“attainment of the highest level of health for all people” (2017).
What is Health Inequity?

- Health inequities are differences in the distribution of health resources between different population groups,
- This arise from the social conditions in which people are born, grow, live, work and age.
- Health inequities are unfair and could be reduced by the right mix of government policies (WHO, 2017).
Correlation between Racism and Health Outcomes

Unraveling the Mystery of Black-White Differences in Infant Mortality, Unnatural Causes
Health Inequity

Exhibit 3.12

Infant Mortality Rate (per 1,000) by Race/Ethnicity, 2013

- **White**: 5.1
- **Asian/Pacific Islander**: 3.9*
- **Hispanic**: 5.0
- **Black**: 11.1*
- **AIAN**: 7.7 *

* Indicates statistically significant difference from the White population at the p<0.05 level.

Note: AIAN refers to American Indians and Alaska Natives. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Data for Native Hawaiians and Other Pacific Islanders were not separated from Asians.

Sources: Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics, Linked Birth/Infant Death Records, 2013, WONDER Online Database.
Health Inequity

40% greater risk than whites of having high blood pressure, leading to heart disease and failure, kidney disease and stroke.

2.1 TIMES more likely to get diabetes and much more likely to experience massive complications due to the disease, often requiring amputation.

37.3% of blacks are obese.

Almost 50% of blacks live with a chronic illness or disability.

Infant mortality rate for blacks is 2.5 TIMES greater than whites.

Blacks are 10 TIMES more likely to have AIDS than whites.
Health Inequity

Asian American & Pacific Islander Health Disparities: Adults

- Tuberculosis: 15 times more likely to suffer from tuberculosis (Native Hawaiians and Pacific Islanders)
- Liver cancer: 80% more likely to die from liver cancer
- Stomach cancer: 2 times more likely to die from stomach cancer
- Hepatitis: 3 times more likely to suffer from Hepatitis A; 4.5 times more likely to suffer from Hepatitis B
- Diabetes: 10% more likely to be diabetic (Korean Americans)
- Obesity: 35% more likely to be obese

Health disparities highlight the need for targeted interventions and equitable healthcare access.
Health Inequity

**American Indians**
- 2.3 times more likely than whites to get diabetes.
- Much higher rates of mental illness persist in the American Indian population, including addiction and PTSD.

**Mexican-Americans**
- More than twice as likely to get diabetes than whites.
- Over 9% of American Indians suffer from asthma that remains untreated.
Demonstrating the Need for Equity in Health Systems
Mellody Hobson on Race

Color Blind or Color Brave?, Ted Talk, 2014
Barriers: Historic Underpinnings

Kitchen Help....Such statements are reminders and triggers for historic underpinnings

- The historic underpinnings noted serve as the impetus for the mistrust and lack of participation in health care systems by People of Color.

- In 1970 Native American women were sterilized at the Indian Health Service Hospital after presenting for routine care (National Library of Medicine).

- In the 1950’s the birth control pill was tested upon and resulted in the death of Puerto Rican women (Cook, 2004).

- From 1932 - 1972 the Tuskegee study of untreated syphilis in Negro males lasted for more than 40 years (CDC).

- In 1763 the American Indians were given small pox infected blankets (National Library of Medicine).
Barriers: Power Dynamics

The overwhelming majority of those impacted by health disparities are minorities who are not represented in positions of power including:

- Board Membership
- Administrators
- Senior Management
- Physicians
- Nurse Practitioners
Barriers: Microaggressions

Sometimes it is the little things.....

“Microaggressions are the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership” (Sue, 2017).
A Solution Oriented Activity

This is what I say.........
Dr. Derald W. Sue on Microaggressions

How unintentional but insidious bias can be the most harmful (PBS News Hour, 2015)
Barriers: Limited Consciousness

Leadership in health institutions demonstrate a limited understanding of the prevalence of racial bias within the organizational context (Green and Levine, 2016).
Barriers: Implicit Bias

Implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases... are activated involuntarily and without an individual’s awareness or intentional control (The Kirwan Institute for the Study of Race and Ethnicity, 2015).

Research conducted by Kirwan Institute demonstrated through case vignettes that:

- Painkillers were more likely to be prescribed to White patients as oppose to Black patients
- Inmates with more Afrocentric features received longer sentencing than more European featured inmates
Mellody Hobson - Solutions

Color Blind or Color Brave?, Ted Talk, 2014
Identifying Strategies that Recognize and Address Racism in Health Systems
Response to Historic Underpinnings

- Acknowledgment
- Education and Recognition that all history in American is American History
- Where there is wrong - Make it Right
- Build Trust
- Train, Mentor and Welcome Diverse Leadership - No one or few in leadership reflect the target populations
Response to Power Dynamics

- Expanding the circle of power to include people of color and diversity
- Demonstrate accountability to racially oppressed communities
- Demonstrate a response from top to bottom in organizations
Response to Limited Consciousness, Implicit Bias and Microaggressions

- Acknowledge that oppression hurts everyone
- Intentionally address the root of one’s racism, limitations and bias
- Operate in a space of respect for everyone
- Take responsibility and hold oneself and others accountable
- Work towards diversity inclusion at all levels of organizations
- Move towards linguistic and cultural competencies and expanded health equity
Activity

I Know Better, How Can I Do Better?
Resources

- Implicit Association Test [https://implicit.harvard.edu/implicit/takeatest.html](https://implicit.harvard.edu/implicit/takeatest.html)
- Unnatural Causes [http://www.unnaturalcauses.org](http://www.unnaturalcauses.org)
Special Thanks

Tom Hughes, Executive Director, Illinois Public Health Association
Patricia Canessa, Director of Health Equity and Diversity Programs, IPHA
Chris Wade, HIV/AIDS Program Coordinator
Fredia Williams, LHI Intern
Bonnie Green, Community Advocate
References


References


References


References


