Promoting Health Equity

Addressing the Root Causes of Health Disparities
The findings and conclusions in this presentation have not been formally disseminated by the Centers for Disease Control and Prevention, and should not be construed to represent any agency determination or policy.
Levels of health intervention
Medical care and tertiary prevention

Safety net programs and secondary prevention

Primary prevention

Addressing the social determinants of health
But how do disparities arise?

- Differences in the quality of care received within the health care system
- Differences in access to health care, including preventive and curative services
- Differences in life opportunities, exposures, and stresses that result in differences in underlying health status
Differences in access to care

Differences in exposures and opportunities

Differences in quality of care
(ambulance slow or goes the wrong way)
Addressing the social determinants of equity:

Why are there differences in resources along the cliff face?

Why are there differences in who is found at different parts of the cliff?
Beyond health services

- Address the social determinants of health, including poverty, in order to achieve large and sustained improvements in health outcomes.

- Address the social determinants of equity, including racism, in order to achieve social justice and eliminate health disparities.
Why discuss racism?

- To eliminate racial disparities in health, need examine fundamental causes
  - “Race” is only a rough proxy for SES, culture, or genes
  - “Race” precisely measures the social classification of people in our “race”-conscious society
- Hypothesize racism as a fundamental cause of racial disparities in health
What is racism?

A system
What is racism?

A system of structuring opportunity and assigning value
What is racism?

A system of structuring opportunity and assigning value based on the social interpretation of how we look ("race").
What is racism?

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

– Unfairly disadvantages some individuals and communities
What is racism?

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

– Unfairly disadvantages some individuals and communities
– Unfairly advantages other individuals and communities
What is racism?

A system of structuring opportunity and assigning value based on the social interpretation of how we look (“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

Source: Jones CP, Phylon 2003
Levels of racism

- Institutionalized
- Personally-mediated
- Internalized
Institutionalized racism

- Differential access to the goods, services, and opportunities of society, by “race”
- Examples
  - Housing, education, employment, income
  - Medical facilities
  - Clean environment
  - Information, resources, voice
- Explains the association between SES and “race”
Personally-mediated racism

- Differential assumptions about the abilities, motives, and intents of others, by “race”
- Prejudice and discrimination
- Examples
  - Police brutality
  - Physician disrespect
  - Shopkeeper vigilance
  - Waiter indifference
  - Teacher devaluation
Internalized racism

• Acceptance by the stigmatized “races” of negative messages about our own abilities and intrinsic worth

• Examples
  – Self-devaluation
  – White man’s ice is colder
  – Resignation, helplessness, hopelessness

• Accepting limitations to our full humanity
Levels of Racism:

A Gardener’s Tale

Source: Jones CP, Am J Public Health 2000
Who is the gardener?

- Power to decide
- Power to act
- Control of resources

Dangerous when
- Allied with one group
- Not concerned with equity
Measuring institutionalized racism

• Scan for evidence of “racial” disparities
  – Routinely monitor outcomes by “race”
  – “Could racism be operating here?”

• Identify mechanisms
  – Examine structures and written policies
  – Query unwritten practices, norms, values
  – “How is racism operating here?”
What is [inequity]?

A system of structuring opportunity and assigning value based on [fill in the blank], which

– 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
Many axes of inequity

- “Race”
- Gender
- Labor roles
- Nationality, language, and legal status
- Geography
- Sexual orientation
- Disability status

- These are risk markers, not risk factors
Defining “health equity”

• What it is
• How to achieve it
• Relation to health disparities
Health equity is . . . assurance of the conditions for optimal health for all people.
Achieving health equity . . .

. . . requires valuing all individuals and populations equally,
Achieving health equity . . .

. . . requires valuing all individuals and populations equally, recognizing and rectifying historical injustices,
Achieving health equity . . .

. . . requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need.
Health disparities . . .

. . . will be eliminated when health equity is achieved.
1. Health equity is assurance of the conditions for optimal health for all people.
2. Achieving health equity requires *valuing* all individuals and populations equally, recognizing and rectifying *historical injustices*, and providing *resources according to need*.
3. Health disparities will be eliminated when health equity is achieved.
Musings on strategies

- Within the health sector
  - Community Oriented Primary Care
- Outside the health sector
  - Focus on the education of our children
- Policy levers
  - *International Convention on the Elimination of All Forms of Racial Discrimination*
Primary care

- First contact
- Comprehensive
- Continuous
- Coordinated

- “Medical home” model
- Standard of care for individuals
Community Oriented Primary Care

- Sidney and Emily Kark, 1940s in South Africa
- Jack Geiger and John Hatch, 1960s in Mississippi
- Community Health Centers
- Institute of Medicine report, 1983
- Health Resources and Services Administration report, 1987
Key elements of COPC

• Health center takes responsibility for the health and well-being of a geographically-defined community
• Respectful, engaged interaction between health center and community (like doctor-patient relationship)
• Hiring, training, and deployment of community health workers
Benefits of COPC

- Geographically-defined
- Community as key actor
- Training and employment
- Clinical care plus public health
- Attention to social determinants of health and equity
National School Boards Association

Racism and Health: Linkages to the Education of Our Children
Education predicts health

All-cause death rates, ages 25-64 years, by educational attainment

Source of data: Health, United States, 2003, Table 34.
Risk marker or risk factor?

• Educational attainment is one of the principle measures of socioeconomic status in the United States
  – Measures literacy and numeracy
  – Risk marker for thwarted opportunity

• High school completion is in the pathway to greater opportunity in the United States
  – Gateway to higher education
  – Risk factor for access to employment and income
Healthy People 2010

Objective 7-1

“Increase high school completion.”

- Target: 90%
- Baseline: 85% of persons aged 18-24 years had completed high school in 1998
- Target setting method: Consistent with National Education Goals Panel *Goals 2000*
Our children

Racism and Health: Linkages to the Education of Our Children

SAFER • HEALTHIER • PEOPLE™

CDC™
ICERD

- *International Convention on the Elimination of All Forms of Racial Discrimination*
  - US signed in 1966
  - US ratified in 1994
  - 2nd US report submitted to the UN Committee on the Elimination of Racial Discrimination (CERD) in 2007

http://www2.ohchr.org/english/bodies/cerd/
CERD Concluding observations

- 14-page document (8 May 2008) available online
  http://www.state.gov/documents/organization/107361.pdf

- Concerns and recommendations
  - Racial profiling (para 14)
  - Residential segregation (para 16)
  - Disproportionate incarceration (para 20)
  - Differential access to health care (para 32)
  - Achievement gap in education (para 34)
Our goal: To expand the conversation

Health services
Our goal: To expand the conversation

Health services

Social determinants of health
Our goal: To expand the conversation

Health services

Social determinants of health

Social determinants of equity

Source: Jones CP et al., J Health Care Poor Underserved 2009
Our tasks

• Put racism on the agenda
  – Name racism as a force determining the distribution of other social determinants of health
  – Routinely monitor for differential exposures, opportunities, and outcomes by “race”
Our tasks

• Ask, “How is racism operating here?”
  – Identify mechanisms in structures, policies, practices, norms, and values
  – Attend to both what exists and what is lacking
Our tasks

- Organize and strategize to act
  - Join in grassroots organizing around the conditions of people’s lives
  - Identify the structural factors creating and perpetuating those conditions
  - Link with similar efforts across the country and around the world
Camara Phyllis Jones, MD, MPH, PhD

1600 Clifton Road NE
Mailstop E-21
Atlanta, Georgia 30333

(404) 498-1128 phone
(404) 498-0945 fax

cdj9@cdc.gov
Resources

- *International Convention on the Elimination of All Forms of Racial Discrimination*
  http://www2.ohchr.org/english/law/cerd.htm

Resources

• California Newsreel: *Unnatural Causes: Is Inequality Making Us Sick?*
  http://www.unnaturalcauses.org/

• World Health Organization: Commission on Social Determinants of Health
  http://www.who.int/social_determinants/en/
Resources

• CityMatCH: Undoing Racism Action Group
  http://www.citymatch.org/UR.php

• National League of Cities: Reducing Racism and Achieving Racial Justice
  http://www.nlc.org/resources_for_cities/programs___services/382.aspx
UNESCO: International Coalition of Cities Against Racism
http://www.unesco.org/shs/citiesagainstracism

United Nations: World Conference Against Racism, Racial Discrimination, Xenophobia, and Related Intolerance
http://www.un.org/WCAR/
Resources

• United Nations: Committee to Eliminate Racial Discrimination
  http://www2.ohchr.org/english/bodies/cerd/

  USA CERD report:
  http://www2.ohchr.org/english/bodies/cerd/docs/AdvanceVersion/cerd_c_usa6.doc

  NGO shadow reports:
  http://www2.ohchr.org/english/bodies/cerd/cerds72-ngos-usa.htm
Resources

• National Partnership for Action to End Health Disparities
  www.omhrc.gov/npa/

  National Health Disparities Plan
  – Provide input into draft plan
  – Partner in implementation
• CDC Racism and Health Workgroup
rahw@cdc.gov

Communications and Dissemination
Education and Development
Global Matters
Liaison and Partnership
Organizational Excellence
Policy and Legislation
Science and Publications
Camara Phyllis Jones, MD, MPH, PhD

1600 Clifton Road NE
Mailstop E-21
Atlanta, Georgia 30333

(404) 498-1128 phone
(404) 498-0945 fax

cdj9@cdc.gov
“Reactions to Race” module

- Six-question optional module on the Behavioral Risk Factor Surveillance System since 2002
  - “How do other people usually classify you in this country?”
  - “How often do you think about your race?”
  - Perceptions of differential treatment at work or when seeking health care
  - Reports of physical symptoms or emotional upset as a result of “race”-based treatment
States using the “Reactions to Race” module 2002 to 2009 BRFSS

Arkansas, California, Colorado, Delaware, District of Columbia, Florida, Indiana, Massachusetts, Michigan, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, Ohio, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, Washington, Wisconsin
<table>
<thead>
<tr>
<th>State</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>2002</td>
<td></td>
<td></td>
<td>2004</td>
</tr>
<tr>
<td>California</td>
<td>2002</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorado</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delaware</td>
<td>2002</td>
<td>2004</td>
<td></td>
<td>2005</td>
</tr>
<tr>
<td>District Columbia</td>
<td>2004</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Florida</td>
<td>2002</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indiana</td>
<td></td>
<td></td>
<td></td>
<td>2009</td>
</tr>
<tr>
<td>Massachusetts</td>
<td></td>
<td></td>
<td></td>
<td>2006</td>
</tr>
<tr>
<td>Michigan</td>
<td></td>
<td></td>
<td></td>
<td>2006</td>
</tr>
<tr>
<td>Mississippi</td>
<td>2004</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nebraska</td>
<td>2009</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Hampshire</td>
<td>2002</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Mexico</td>
<td>2002</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td>2002</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ohio</td>
<td>2003</td>
<td></td>
<td></td>
<td>2005</td>
</tr>
<tr>
<td>Rhode Island</td>
<td></td>
<td>2004</td>
<td></td>
<td>2007</td>
</tr>
<tr>
<td>South Carolina</td>
<td>2003</td>
<td>2004</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tennessee</td>
<td></td>
<td></td>
<td></td>
<td>2005</td>
</tr>
<tr>
<td>Vermont</td>
<td></td>
<td></td>
<td></td>
<td>2008</td>
</tr>
<tr>
<td>Virginia</td>
<td></td>
<td></td>
<td></td>
<td>2008</td>
</tr>
<tr>
<td>Washington</td>
<td>2004</td>
<td>2005</td>
<td>2006</td>
<td></td>
</tr>
<tr>
<td>Wisconsin</td>
<td>2004</td>
<td>2005</td>
<td>2006</td>
<td></td>
</tr>
</tbody>
</table>
Socially-assigned “race”

- How do other people usually classify you in this country? Would you say:
  - White
  - Black or African-American
  - Hispanic or Latino
  - Asian
  - Native Hawaiian or Other Pacific Islander
  - American Indian or Alaska Native
  - Some other group
General health status

Would you say that in general your health is:

- Excellent
- Very good
- Good
- Fair
- Poor
General health status by socially-assigned "race", 2004 BRFSS

Report excellent or very good health

<table>
<thead>
<tr>
<th>Race</th>
<th>Percent of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>58.3</td>
</tr>
<tr>
<td>Black</td>
<td>43.7</td>
</tr>
<tr>
<td>Hispanic</td>
<td>41.2</td>
</tr>
<tr>
<td>AIAN</td>
<td>36.1</td>
</tr>
</tbody>
</table>
Report excellent or very good health

<table>
<thead>
<tr>
<th>Race</th>
<th>Percent of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>58.3</td>
</tr>
<tr>
<td>Black</td>
<td>43.7</td>
</tr>
<tr>
<td>Hispanic</td>
<td>41.2</td>
</tr>
<tr>
<td>AIAN</td>
<td>36.1</td>
</tr>
</tbody>
</table>
General health status by socially-assigned "race", 2004 BRFSS

Report fair or poor health

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>13.9%</td>
</tr>
<tr>
<td>Black</td>
<td>21.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>20.9%</td>
</tr>
<tr>
<td>AIAN</td>
<td>22.1%</td>
</tr>
</tbody>
</table>

Report excellent or very good health

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>58.3%</td>
</tr>
<tr>
<td>Black</td>
<td>43.7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>41.2%</td>
</tr>
<tr>
<td>AIAN</td>
<td>36.1%</td>
</tr>
</tbody>
</table>
General health status and “race”

- Being perceived as *White* is associated with better health
Self-identified ethnicity

Are you Hispanic or Latino?

- Yes
- No
Self-identified “race”

- Which one or more of the following would you say is your race?
  - White
  - Black or African-American
  - Asian
  - Native Hawaiian or Other Pacific Islander
  - American Indian or Alaska Native
  - Other

- Which one of these groups would you say best represents your race?
Self-identified “race”/ethnicity

- **Hispanic**
  - “Yes” to Hispanic/Latino ethnicity question
  - Any response to race question

- **White**
  - “No” to Hispanic/Latino ethnicity question
  - Only one response to race question, “White”

- **Black**
  - “No” to Hispanic/Latino ethnicity question
  - Only one response to race question, “Black”

- **American Indian/Alaska Native**
  - “No” to Hispanic/Latino ethnicity question
  - Only one response to race question, “AI/AN”
### Two measures of “race”

<table>
<thead>
<tr>
<th>How self-identify</th>
<th>How usually classified by others</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>White 26,373</td>
</tr>
<tr>
<td>Black</td>
<td>Black 5,246</td>
</tr>
</tbody>
</table>
### Two measures of “race”

<table>
<thead>
<tr>
<th>How self-identify</th>
<th>How usually classified by others</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>White</td>
</tr>
<tr>
<td>White 26,373</td>
<td>98.4</td>
</tr>
<tr>
<td>Black 5,246</td>
<td>0.4</td>
</tr>
<tr>
<td>Hispanic 1,528</td>
<td>26.8</td>
</tr>
</tbody>
</table>

Two measures of “race”

<table>
<thead>
<tr>
<th>How self-identify</th>
<th>How usually classified by others</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>White 98.4</td>
</tr>
<tr>
<td>26,373</td>
<td>Black 0.1</td>
</tr>
<tr>
<td></td>
<td>Hispanic 0.3</td>
</tr>
<tr>
<td></td>
<td>AIAN 0.1</td>
</tr>
<tr>
<td></td>
<td>...</td>
</tr>
<tr>
<td>Black</td>
<td>White 0.4</td>
</tr>
<tr>
<td>5,246</td>
<td>Black 96.3</td>
</tr>
<tr>
<td></td>
<td>Hispanic 0.8</td>
</tr>
<tr>
<td></td>
<td>AIAN 0.3</td>
</tr>
<tr>
<td></td>
<td>...</td>
</tr>
<tr>
<td>Hispanic</td>
<td>White 26.8</td>
</tr>
<tr>
<td>1,528</td>
<td>Black 3.5</td>
</tr>
<tr>
<td></td>
<td>Hispanic 63.0</td>
</tr>
<tr>
<td></td>
<td>AIAN 1.2</td>
</tr>
<tr>
<td></td>
<td>...</td>
</tr>
</tbody>
</table>
General health status, by self-identified and socially-assigned "race", 2004

Report excellent or very good health

Hispanic-Hispanic: 39.8%
Hispanic-White: 53.7%
White-White: 58.6%
General health status, by self-identified and socially-assigned "race", 2004

Test of $H_0$: That there is no difference in proportions reporting excellent or very good health

Hispanic-Hispanic versus White-White

$p < 0.0001$
General health status, by self-identified and socially-assigned "race", 2004

Test of $H_0$: That there is no difference in proportions reporting excellent or very good health

**Hispanic-Hispanic versus Hispanic-White**

$p = 0.0019$
General health status, by self-identified and socially-assigned "race", 2004

Test of $H_0$: That there is no difference in proportions reporting excellent or very good health

**Hispanic-White versus White-White**

$p = 0.1895$
## Two measures of “race”

<table>
<thead>
<tr>
<th>How self-identify</th>
<th>How usually classified by others</th>
</tr>
</thead>
<tbody>
<tr>
<td>White 26,373</td>
<td>White 98.4</td>
</tr>
<tr>
<td>Black 5,246</td>
<td>White 0.4</td>
</tr>
<tr>
<td>Hispanic 1,528</td>
<td>White 26.8</td>
</tr>
<tr>
<td>AIAN 321</td>
<td>White 47.6</td>
</tr>
</tbody>
</table>
## Two measures of “race”

<table>
<thead>
<tr>
<th>How self-identify</th>
<th>White 26,373</th>
<th>Black 5,246</th>
<th>Hispanic 1,528</th>
<th>AIAN 321</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>98.4</td>
<td>0.1</td>
<td>0.3</td>
<td>0.1</td>
</tr>
<tr>
<td>Black</td>
<td>0.4</td>
<td>96.3</td>
<td>0.8</td>
<td>0.3</td>
</tr>
<tr>
<td>Hispanic</td>
<td>26.8</td>
<td>3.5</td>
<td>63.0</td>
<td>1.2</td>
</tr>
<tr>
<td>AIAN</td>
<td>47.6</td>
<td>3.4</td>
<td>7.3</td>
<td>35.9</td>
</tr>
</tbody>
</table>

How usually classified by others
General health status, by self-identified and socially-assigned "race", 2004

Report excellent or very good health

<table>
<thead>
<tr>
<th>Race Combination</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIAN-AIAN</td>
<td>32</td>
</tr>
<tr>
<td>AIAN-White</td>
<td>52.6</td>
</tr>
<tr>
<td>White-White</td>
<td>58.6</td>
</tr>
</tbody>
</table>
General health status, by self-identified and socially-assigned "race", 2004

Test of $H_0$: That there is no difference in proportions reporting excellent or very good health

**AIAN-AIAN versus White-White**

$p < 0.0001$
General health status, by self-identified and socially-assigned "race", 2004

Test of $H_0$: That there is no difference in proportions reporting excellent or very good health

**AIAN-AIAN versus AIAN-White**

$p = 0.0122$
General health status, by self-identified and socially-assigned "race", 2004

Test of $H_0$: That there is no difference in proportions reporting excellent or very good health

**AIAN-White versus White-White**

$p = 0.3070$
General health status and “race”

- Being perceived as *White* is associated with better health
  - Even within non-*White* self-identified “race”/ethnic groups
General health status and “race”

- Being perceived as *White* is associated with better health
  - Even within non-*White* self-identified “race”/ethnic groups
  - Even within the same educational level
General health status and “race”

- Being perceived as *White* is associated with better health
  - Even within non-*White* self-identified “race”/ethnic groups
  - Even within the same educational level

- Being perceived as *White* is associated with higher education
Key questions

• WHY is socially-assigned “race” associated with self-reported general health status?
  ◆ Even within non-White self-identified “race”/ethnic groups
  ◆ Even within the same educational level

• WHY is socially-assigned “race” associated with educational level?
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

Source: Jones CP, Phylon 2003