Social Determinants of Health and Equity

The Impacts of Racism on Health
Levels of health intervention
Addressing the social determinants of health

Primary prevention

Safety net programs and secondary prevention

Medical care and tertiary prevention
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?
Levels of health intervention

Health services
*along a one-dimensional line*
Levels of health intervention

Health services
*along a one-dimensional line*

Addressing social determinants of health
*on a two-dimensional plane*
Levels of health intervention

Health services
*along a one-dimensional line*

Addressing social determinants of health
*on a two-dimensional plane*

Addressing social determinants of equity
*in three-dimensional space*
Determinants of health

Individual behaviors
Determinants of health

Social determinants of health (contexts)

Individual behaviors
Determinants of health and illness that are outside of the individual

- Beyond genetic predispositions
- Beyond individual behaviors

Social determinants of health (contexts)

Individual behaviors
Determinants of health

Determinants of health and illness that are outside of the individual

Beyond genetic predispositions

Beyond individual behaviors

The contexts in which individual behaviors arise

Social determinants of health (contexts)

Individual behaviors
Determinants of health

Individual resources
Education, occupation, income, wealth

Social determinants of health (contexts)

Individual behaviors
Determinants of health

**Individual resources**
Education, occupation, income, wealth

**Neighborhood resources**
Housing, food choices, public safety, transportation, parks and recreation, political clout
Determinants of health

**Individual resources**
Education, occupation, income, wealth

**Neighborhood resources**
Housing, food choices, public safety, transportation, parks and recreation, political clout

**Hazards and toxic exposures**
Pesticides, lead, reservoirs of infection

Social determinants of health (contexts)

Individual behaviors
Determinants of health

**Individual resources**
Education, occupation, income, wealth

**Neighborhood resources**
Housing, food choices, public safety, transportation, parks and recreation, political clout

**Hazards and toxic exposures**
Pesticides, lead, reservoirs of infection

**Opportunity structures**
Schools, jobs, justice
Determinants of health

Determine the range of observed contexts

Societal determinants of context

Social determinants of health (contexts)

Individual behaviors
Determinants of health

Societal determinants of context

Determine the range of observed contexts

Social determinants of health (contexts)

Individual behaviors

Determine the distribution of different populations into those contexts
Societal determinants of context

Determine the range of observed contexts

Determine the distribution of different populations into those contexts

Include capitalism, racism, and other systems of power

Determinants of health

Social determinants of health (contexts)

Individual behaviors

Societal determinants of context
Determinants of health

Societal determinants of context

Determine the range of observed contexts

Include capitalism, racism, and other systems of power

Social determinants of health (contexts)

Determine the distribution of different populations into those contexts

The social determinants of equity

Individual behaviors
Addressing the social determinants of health

- Involves the medical care and public health systems, but clearly extends beyond these

- Requires collaboration with multiple sectors outside of health, including education, housing, labor, justice, transportation, agriculture, and environment
Addressing the social determinants of equity

• Involves monitoring for inequities in exposures and opportunities, as well as for disparities in outcomes

• Involves examination of structures, policies, practices, norms, and values

• Requires intervention on societal structures and attention to systems of power
Beyond individual behaviors

• 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
Naming and Addressing
the Impacts of Racism on Health
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
“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, Michigan, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, Ohio, Rhode Island, South Carolina, Virginia, Washington, Wisconsin
<table>
<thead>
<tr>
<th>State</th>
<th>Years</th>
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</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>2004</td>
</tr>
<tr>
<td>California</td>
<td>2002</td>
</tr>
<tr>
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<td>2004</td>
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<tr>
<td>Delaware</td>
<td>2002, 2004</td>
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<td>2004</td>
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<td>Florida</td>
<td>2002</td>
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<tr>
<td>Indiana</td>
<td>2009</td>
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<td>Michigan</td>
<td>2004, 2006</td>
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<td>Mississippi</td>
<td>2004</td>
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<td>2008, 2009</td>
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<td>New Hampshire</td>
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<td>New Mexico</td>
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<tr>
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<td>South Carolina</td>
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<tr>
<td>Virginia</td>
<td>2008</td>
</tr>
<tr>
<td>Washington</td>
<td>2004</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

White: 58.3%
Black: 43.7%
Hispanic: 41.2%
AIAN: 36.1%
General health status by socially-assigned "race", 2004 BRFSS

- White: 58.3%
- Black: 43.7%
- Hispanic: 41.2%
- AIAN: 36.1%

Report excellent or very good health
General health status by socially-assigned "race", 2004 BRFSS

Report fair or poor health

13.9 White
21.5 Black
20.9 Hispanic
22.1 AIAN

Report excellent or very good health

58.3 White
43.7 Black
41.2 Hispanic
36.1 AIAN
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”

How usually classified by others

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>AIAN</th>
<th>...</th>
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<tbody>
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<td><strong>White</strong></td>
<td>26,373</td>
<td>0.1</td>
<td>0.3</td>
<td>0.1</td>
<td>1.1</td>
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<tr>
<td><strong>Black</strong></td>
<td>5,246</td>
<td>96.3</td>
<td>0.8</td>
<td>0.3</td>
<td>2.2</td>
</tr>
</tbody>
</table>

How self-identify
## Two measures of “race”

<table>
<thead>
<tr>
<th>How self-identify</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>AIAN</th>
<th>...</th>
</tr>
</thead>
<tbody>
<tr>
<td>White 26,373</td>
<td>98.4</td>
<td>0.1</td>
<td>0.3</td>
<td>0.1</td>
<td>1.1</td>
</tr>
<tr>
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<td>96.3</td>
<td>0.8</td>
<td>0.3</td>
<td>2.2</td>
</tr>
<tr>
<td>Hispanic 1,528</td>
<td>26.8</td>
<td>3.5</td>
<td>63.0</td>
<td>1.2</td>
<td>5.5</td>
</tr>
</tbody>
</table>
## Two measures of “race”

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</thead>
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<td>White 0.4</td>
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<tr>
<td>Hispanic 1,528</td>
<td>White 26.8</td>
</tr>
</tbody>
</table>

- White
- Black
- Hispanic
- AIAN
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>
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<td>0.4</td>
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<td>Hispanic 1,528</td>
<td>26.8</td>
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<tr>
<td>AIAN 321</td>
<td>47.6</td>
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## Two measures of “race”

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<td>White 26.8</td>
</tr>
<tr>
<td>AIAN 321</td>
<td>White 47.6</td>
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</table>
Report excellent or very good health
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 by education and "race", 2004 BRFSS

Graph showing the percentage of people rating their general health as "excellent" or "very good" by education level and race. The graph indicates a downward trend in the percentage of people rating their health as "excellent" or "very good" as education level decreases from 16+ to 0-8.

Legend:
- W: White
- B: Black
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
General health status by education and "race", 2004 BRFSS

![Graph showing percent "excellent" or "very good" by education level and race.](image)

- **Education level**: 16+, 13-15, 12, 9-11, 0-8
- **Race categories**: Non-black, Black

- **Graph 1**: Line graph showing percent "excellent" or "very good" health status by education level and race.
- **Graph 2**: Bar graph showing percent distribution by education level and race.
General health status by education and "race", 2004 BRFSS

![Graph showing percent distribution of health status by education level and race.](image)

- **Education level**:
  - 16+
  - 13-15
  - 12
  - 9-11
  - 0-8

- **Percent distribution**:
  - Non-white
  - White

---

**General health status by education and "race", 2004 BRFSS**

- **Percent "excellent" or "very good"**
  - 16+
  - 13-15
  - 12
  - 9-11
  - 0-8
Key questions

- WHY is socially-assigned “race” associated with self-reported general health status?
  - Even within non-\textit{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
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

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 and norms
  - “How is racism operating here?”
Policies of interest

• Policies allowing segregation of resources and risks
• Policies creating inherited group-disadvantage
• Policies favoring the differential valuation of human life by “race”
• Policies limiting self-determination

Source: Jones CP, *Phylon* 2003
Policies allowing segregation of resources and risks

Redlining, municipal zoning, toxic dump siting

Use of local property taxes to fund public education
Policies creating inherited group disadvantage

- Lack of social security for children
- Estate inheritance
- Lack of reparations for historical injustices
Policies favoring the differential valuation of human life by “race”

Curriculum

Media invisibility/hypervisibility

Myth of meritocracy and denial of racism
Policies limiting self-determination

De jure and de facto limitations to voting rights

“Majority rules” when there is a fixed minority
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”
- Social class
- Geography
- Nationality, language, and legal status
- Gender
- Sexual orientation

- These are risk markers, not risk factors
Health equity is the realization by ALL people of the highest attainable level of health.

Source: National Partnership for Action, ongoing discussions, 2009
Achieving health equity

- Requires valuing all individuals and populations equally

Source: National Partnership for Action, ongoing discussions, 2009
Achieving health equity

- Requires valuing all individuals and populations equally
- Entails focused and ongoing societal efforts

Source: National Partnership for Action, ongoing discussions, 2009
Achieving health equity

• Requires valuing all individuals and populations equally
• Entails focused and ongoing societal efforts
  – To address avoidable inequalities

Source: National Partnership for Action, ongoing discussions, 2009
Achieving health equity

• Requires valuing all individuals and populations equally
• Entails focused and ongoing societal efforts
  − To address avoidable inequalities
  − By assuring the conditions for optimal health for all groups

Source: National Partnership for Action, ongoing discussions, 2009
Achieving health equity

• Requires valuing all individuals and populations equally
• Entails focused and ongoing societal efforts
  - To address avoidable inequalities
  - By assuring the conditions for optimal health for all groups
  - Particularly for those who have experienced historical or contemporary injustices or socioeconomic disadvantage.

Source: National Partnership for Action, ongoing discussions, 2009
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

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
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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
Resources

- **UNESCO**: International Coalition of Cities Against Racism  
  [http://www.unesco.org/shs/citiesagainstracism](http://www.unesco.org/shs/citiesagainstracism)

- **United Nations**: World Conference Against Racism, Racial Discrimination, Xenophobia, and Related Intolerance  
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
Resources

• 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
Musings

• Necessary for those at the top to understand that they are adversely impacted by a lack of equity
  – Feeling interconnected with others; going from talking about “your” children and “my” children to talking about “our” children
  – Equally valuing all people; recognizing that everyone has important gifts to share
• Can address social determinants of health without acknowledging the three-dimensionality of the cliff
  - This can result in increasing the magnitude of inequities in exposures and disparities in outcomes

• Addressing social determinants of equity is ALL ABOUT the three-dimensionality of the cliff
On measurement
- Measuring equity in exposures, opportunities, resources, and risks involves comparing distributions rather than individuals
- Confirming the elimination of health disparities involves observing random variations in the magnitude and direction of between-group differences around the value “0”
Musings

- **Opportunity structures**
  - Education, employment, justice, housing, immigration, transportation, environment, healthcare, social security for children

- **Societal valuation**
  - Investment
  - Communication: invite contributions, hold high expectations, celebrate accomplishments, cherish existence
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Dual Reality:

A Restaurant Saga
Our Challenge

Walking Against the Tide
Measuring differences

- Outcomes
- Health services
  - Quality
  - Access
- Social determinants of health (contexts)
  - Individual resources
  - Neighborhood resources
  - Hazards and toxic exposures
  - Opportunity structures
Measuring differences

- Social determinants of equity (systems of power)
  - Structures (*who, what, when, where*)
  - Policies (written *how*)
  - Practices and norms (unwritten *how*)
  - Values (*why*)
Specific ideas for action

- Name racism at the individual level
  - Speak out against racism when you see it
  - Talk about racism with your children
- Name racism at a collective level
  - Develop and use measures of racism
  - Put racism on agendas of all kinds of groups
  - Develop story ideas about racism for media
Specific ideas for action

• Ask “How is racism operating here?”
  – Ask the question at work, at children’s schools, in community, at state level, in faith groups
  – Who is at the table, and who is not? Involve and fund affected individuals and communities
  – What is on the agenda, and what is not?
  – How are values communicated and perpetuated?
Specific ideas for action

- Organize and strategize to act
  - Forge partnerships across sectors
  - Provide opportunities for employees to get out of their bubbles
  - Establish Community Oriented Primary Care practices
  - Focus on education and on social security for children
  - Teach full histories