

Social Determinants of Equity

and

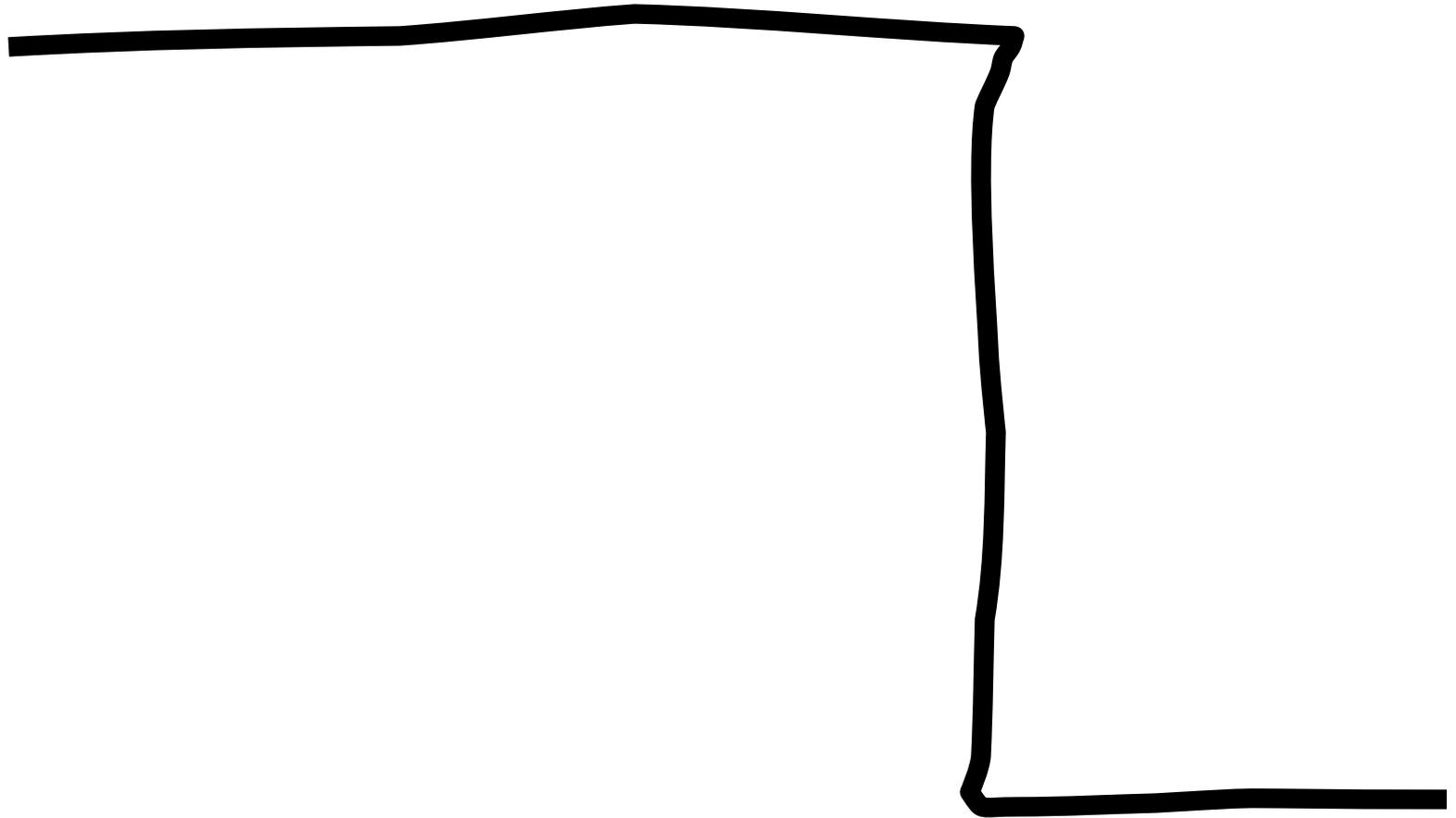
Social Determinants of Health

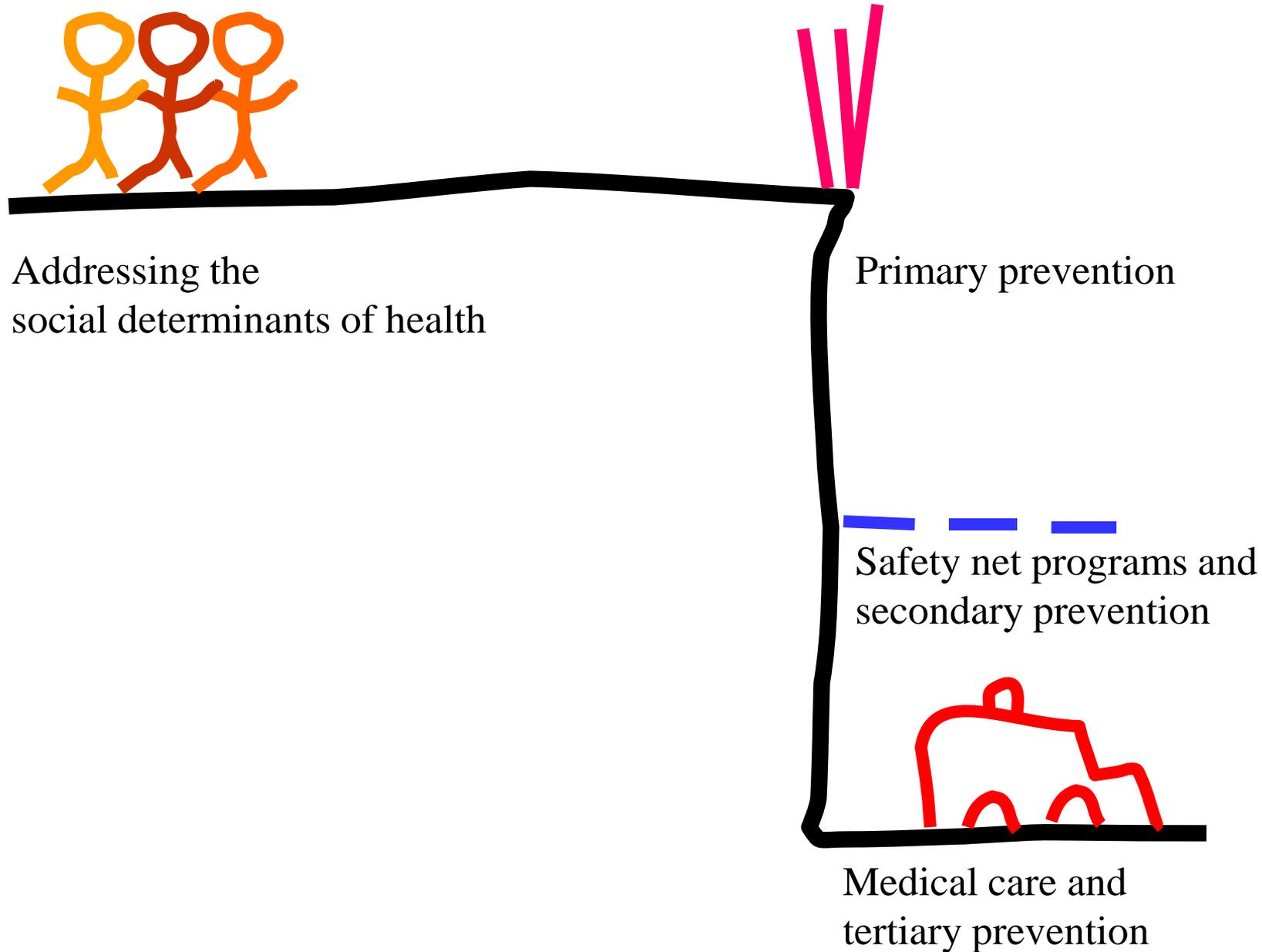


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Levels of health intervention





Addressing the social determinants of health

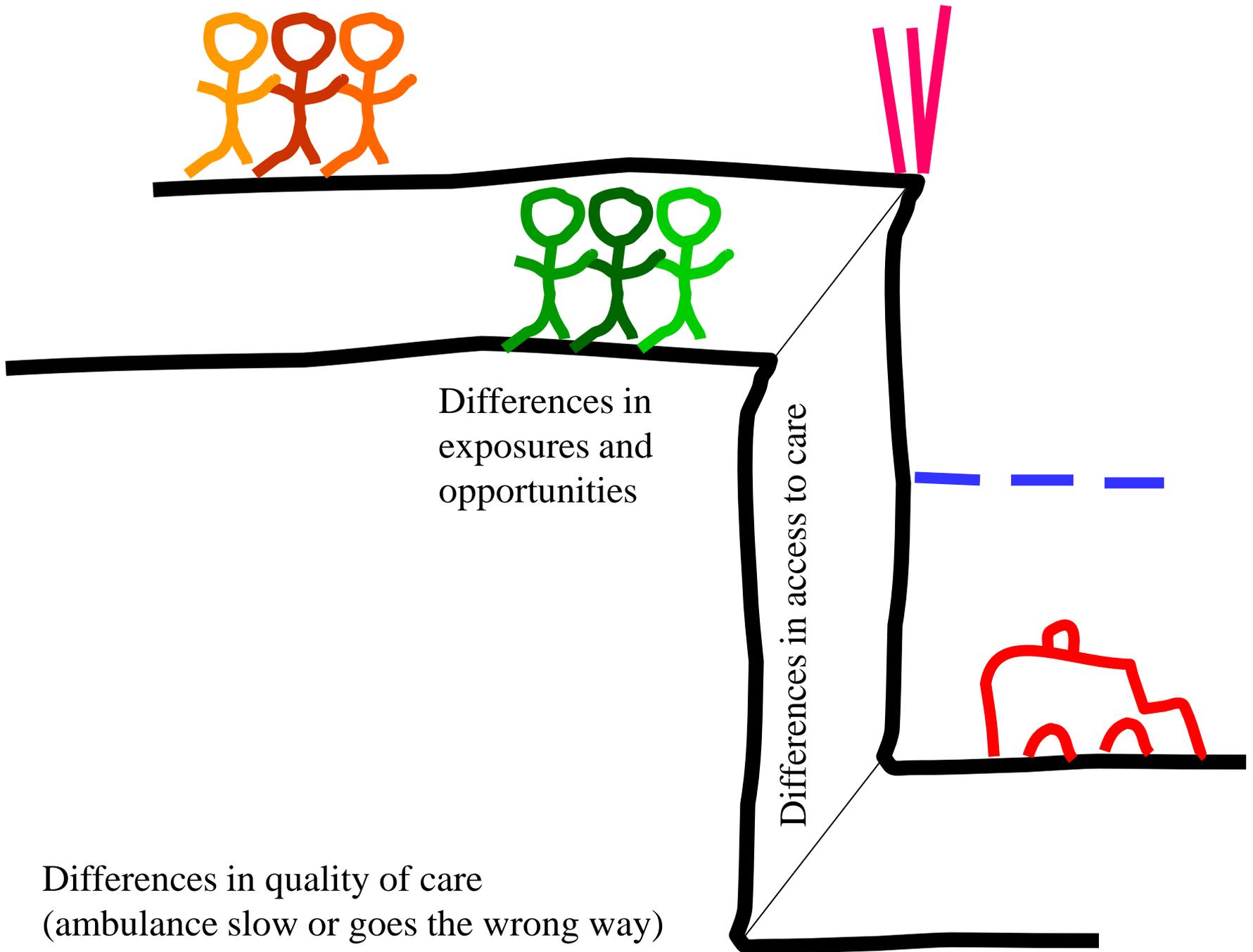
Primary prevention

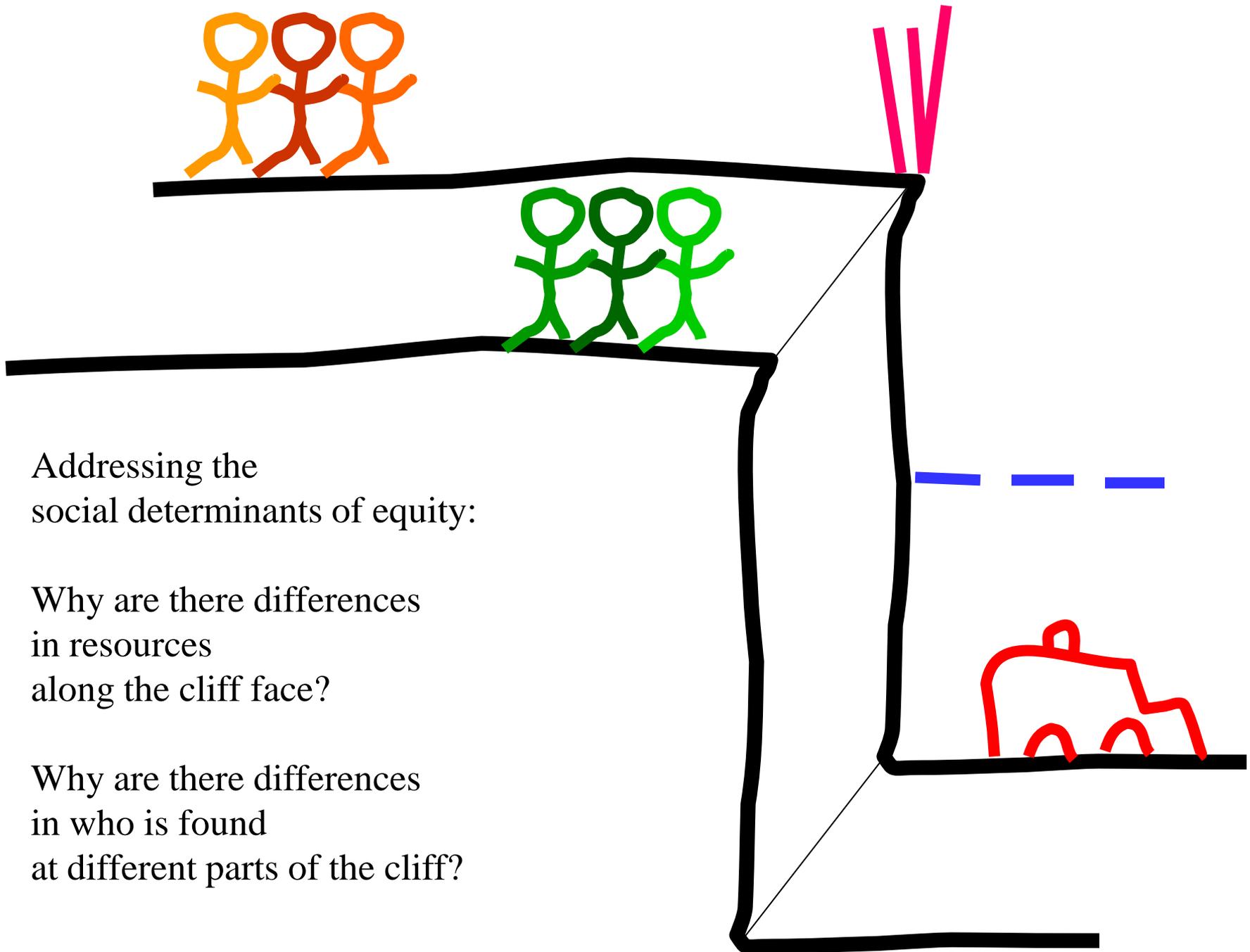
Safety net programs and secondary prevention

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





Addressing the
social determinants of equity:

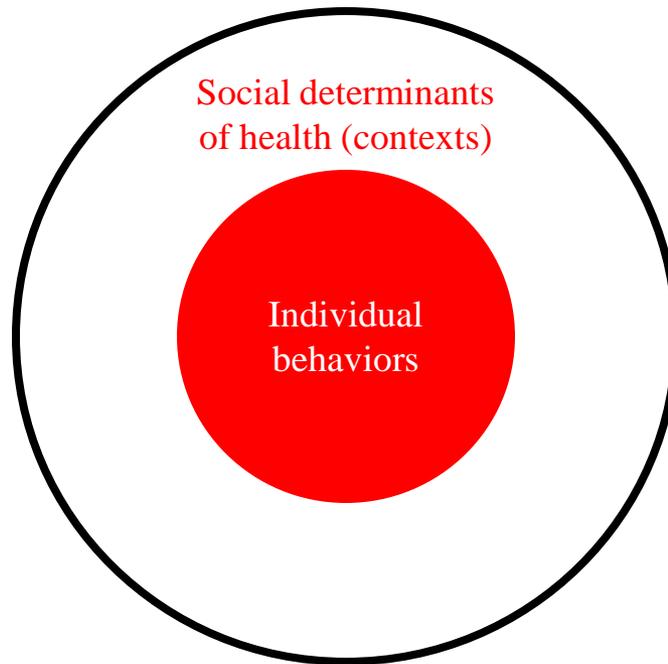
Why are there differences
in resources
along the cliff face?

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

Determinants of health



Determinants of health

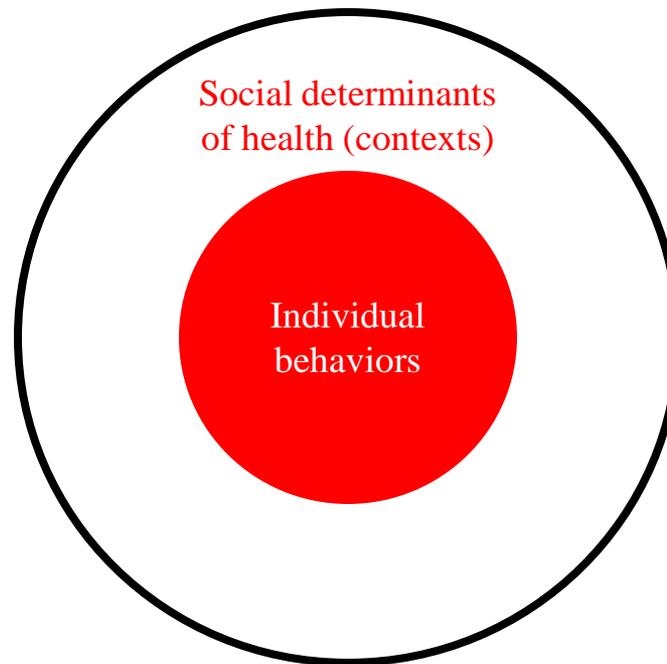


Determinants of health

Determinants of health and illness that are outside of the individual

Beyond genetic predispositions

Beyond individual behaviors

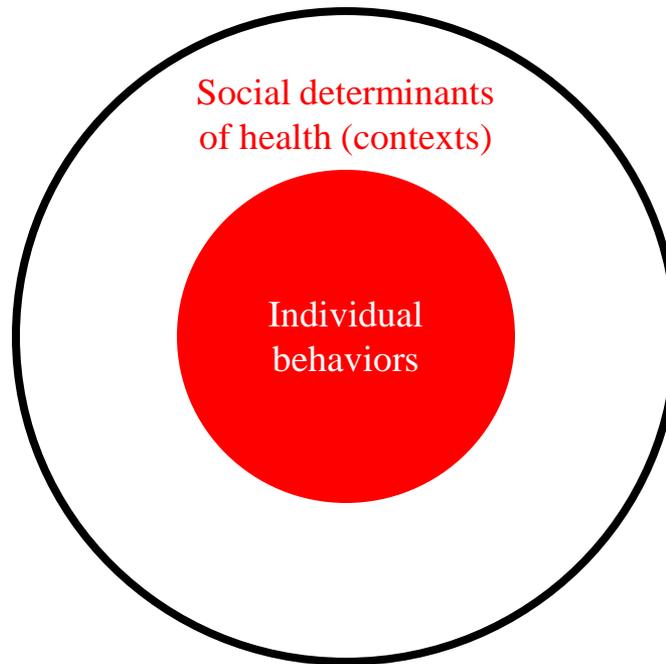


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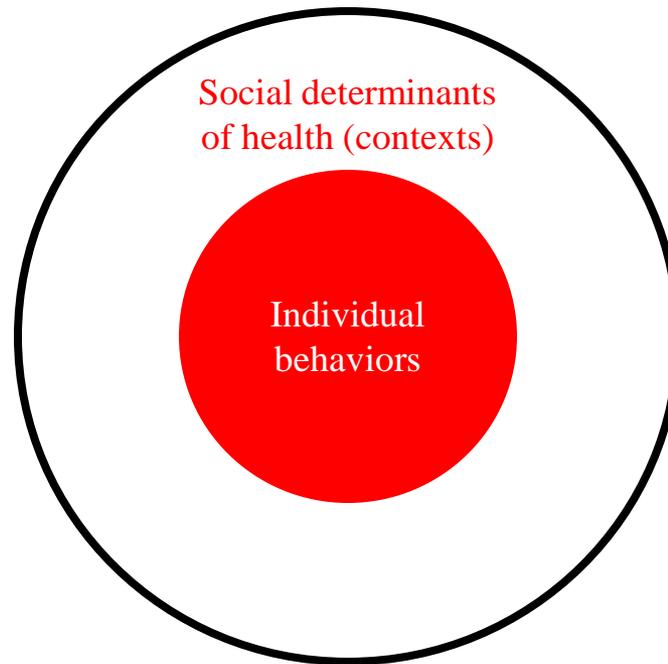


The contexts in which individual behaviors arise

Determinants of health

Individual resources

Education,
occupation, income,
wealth



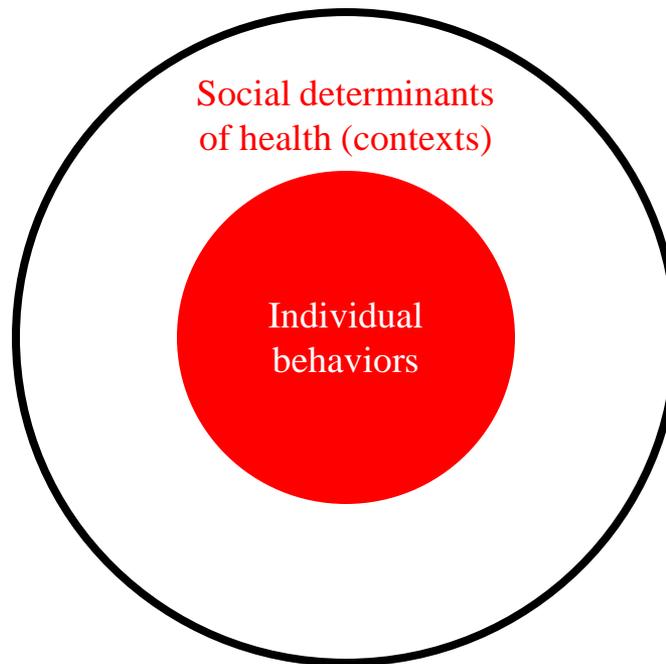
Determinants of health

Individual resources

Education, occupation, income, wealth

Neighborhood resources

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



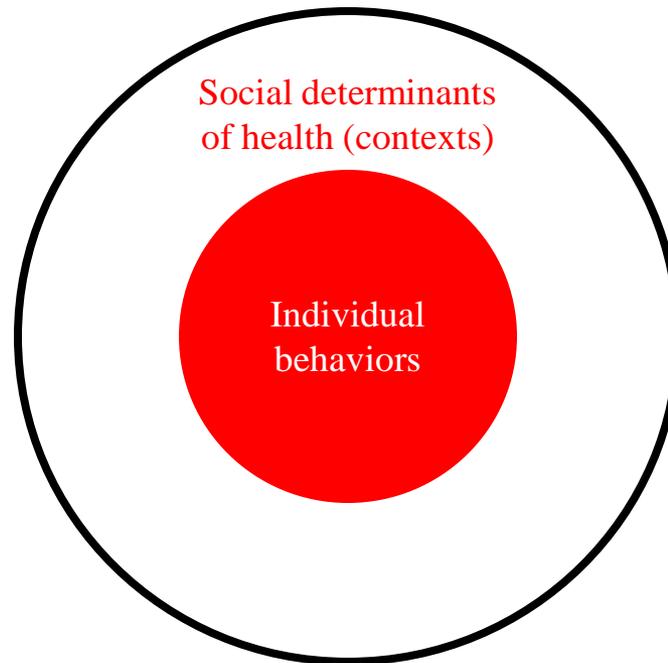
Determinants of health

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Hazards and toxic exposures

Pesticides, lead, reservoirs of infection

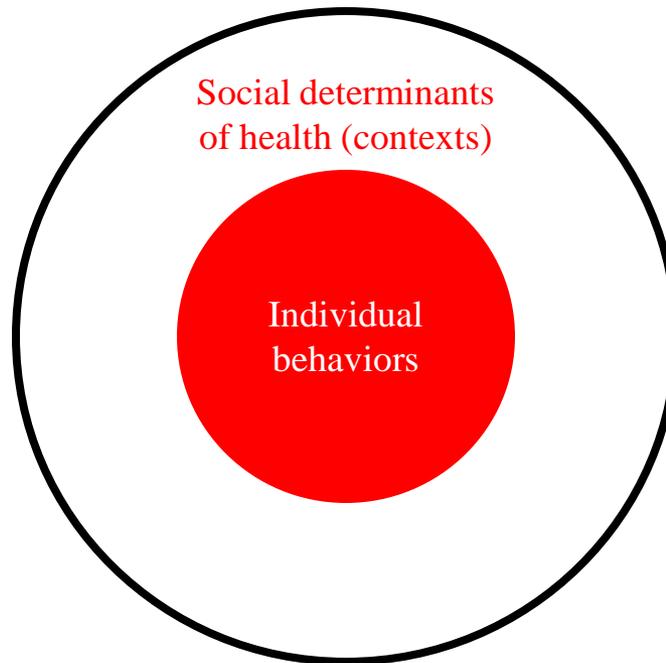
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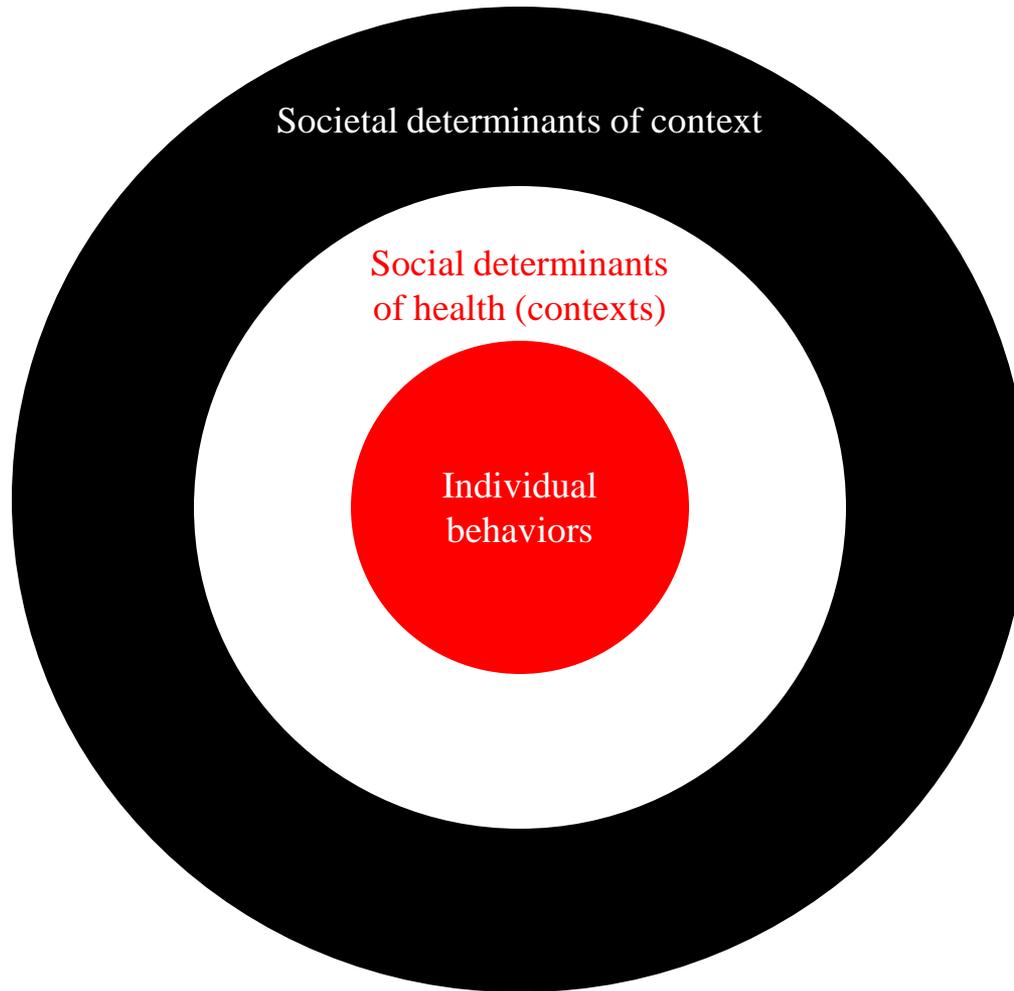
Hazards and toxic exposures

Pesticides, lead, reservoirs of infection

Opportunity structures

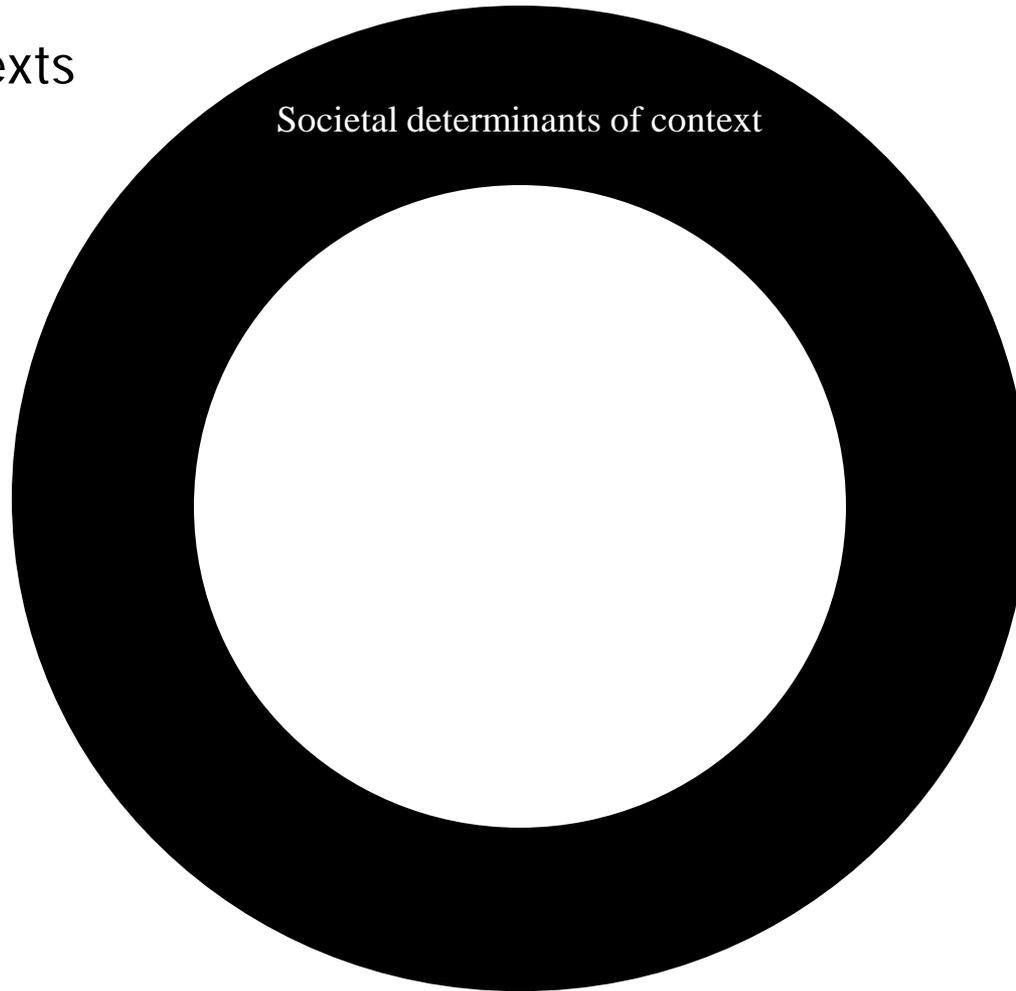
Schools, jobs, justice

Determinants of health



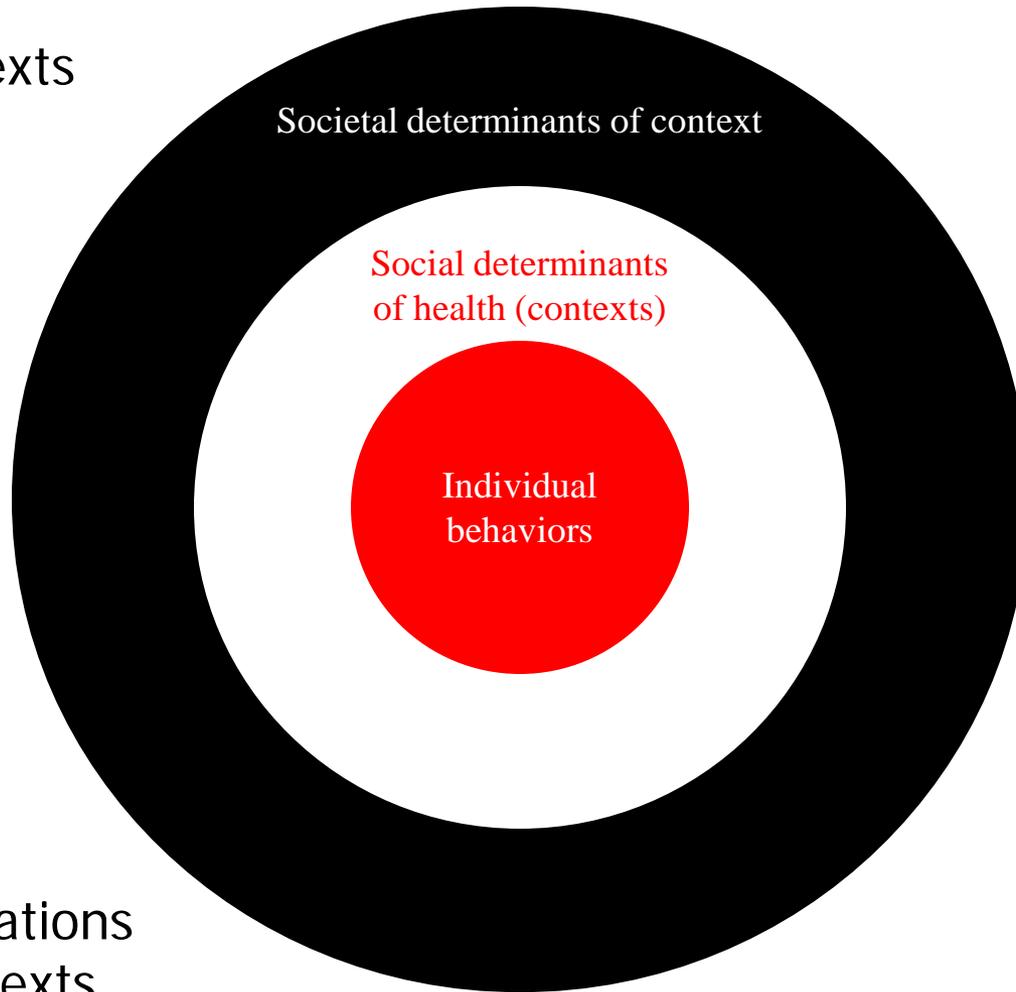
Determinants of health

Determine the
range of
observed contexts



Determinants of health

Determine the range of observed contexts

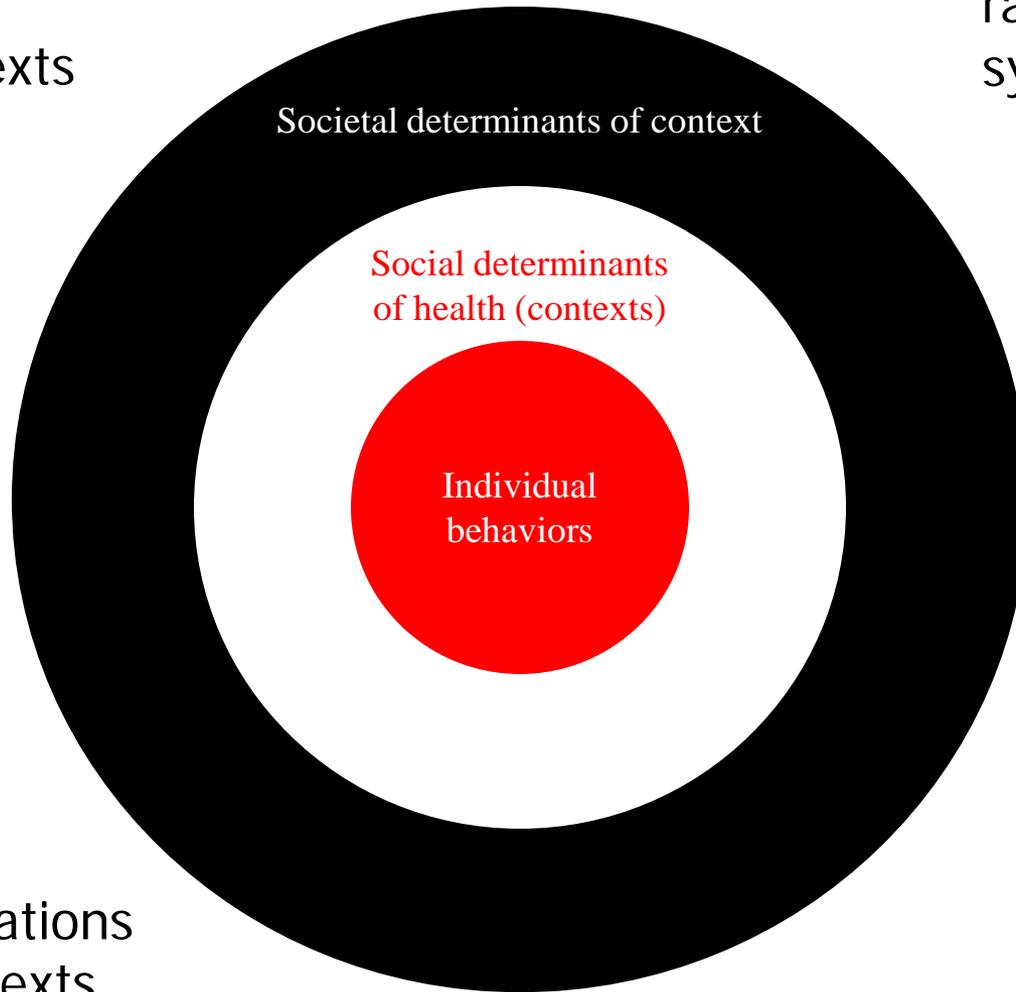


Determine the distribution of different populations into those contexts

Determinants of health

Determine the range of observed contexts

Include capitalism, racism, and other systems of power

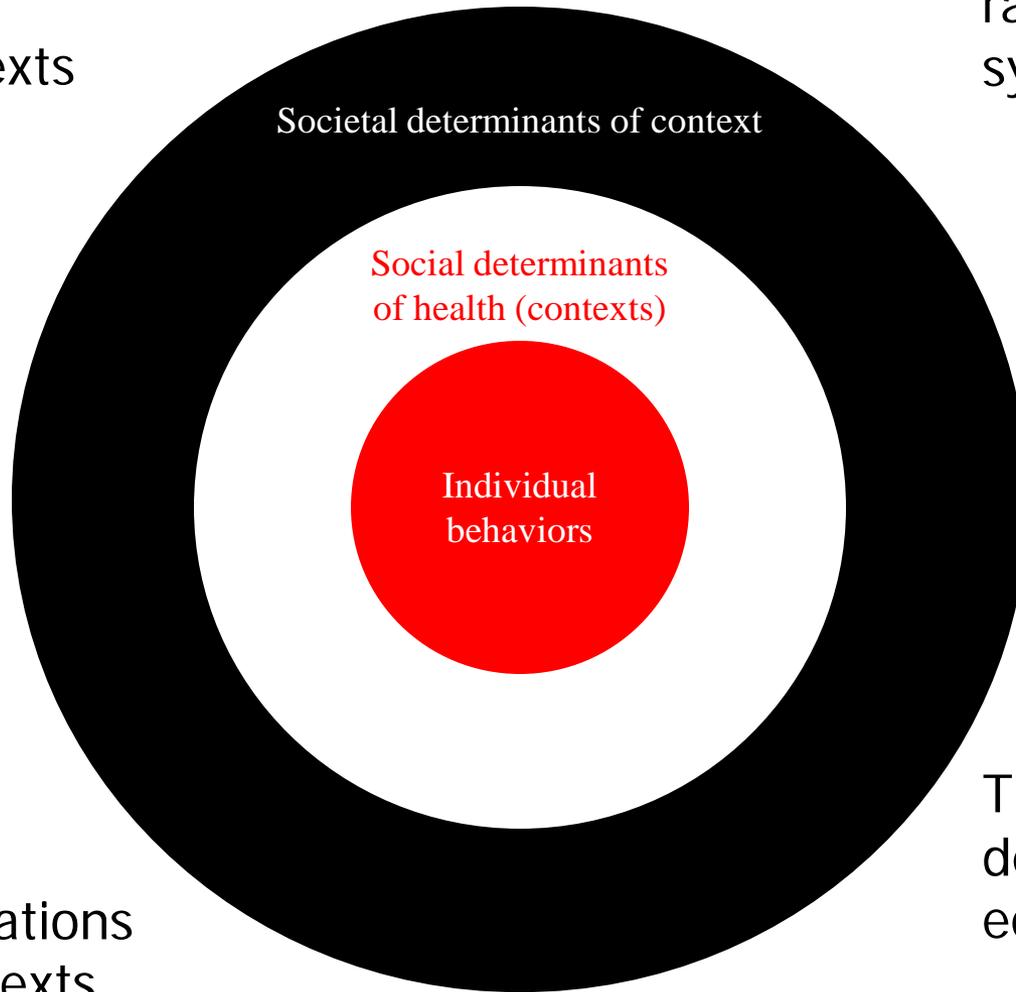


Determine the distribution of different populations into those contexts

Determinants of health

Determine the range of observed contexts

Include capitalism, racism, and other systems of power



Determine the distribution of different populations into those contexts

The social determinants of equity

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

We need to do both

- 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 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 one looks ("race")

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- Unfairly disadvantages some individuals and communities

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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

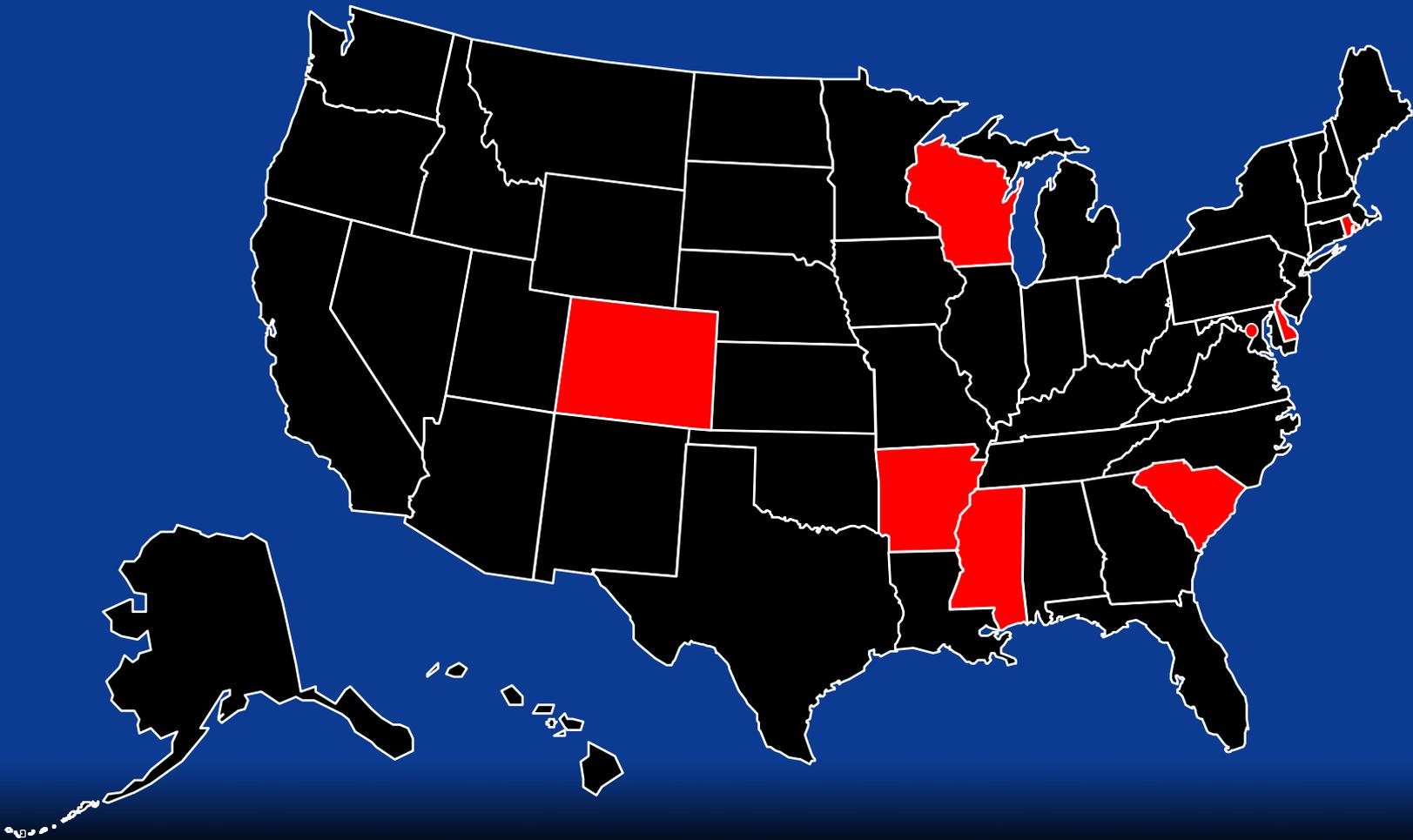
“Reactions to Race” module

- Six-question optional module on the Behavioral Risk Factor Surveillance System
- Piloted by six states in 2002
- Now available to all states

States using "Reactions to Race"

Arkansas		2004			
California	2002				
Colorado		2004			
Delaware	2002	2004	2005		
District of Columbia		2004			
Florida	2002				
Michigan				2006	
Mississippi		2004			
Nebraska					2008
New Hampshire	2002				
New Mexico	2002				
North Carolina	2002				
Ohio		2003		2005	
Rhode Island			2004		2007
South Carolina		2003	2004		
Virginia					2008
Washington			2004		
Wisconsin			2004	2005	2006

States using "Reactions to Race" module on 2004 BRFSS



**Arkansas, Colorado, Delaware, District of Columbia,
Mississippi, Rhode Island, South Carolina, Wisconsin**

Socially-assigned “race”

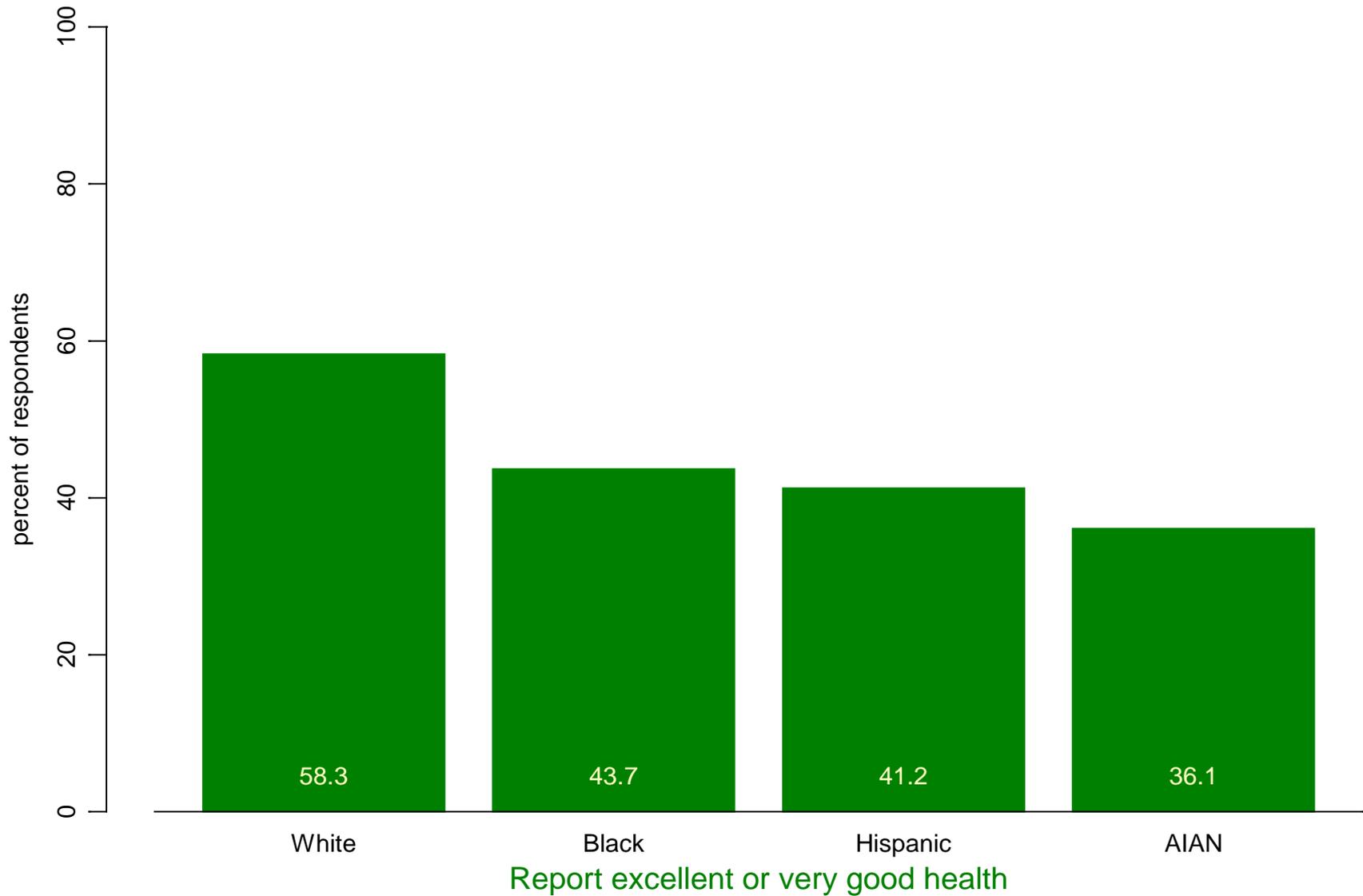
- **How do other people usually classify you in this country? Would you say:**
 - ◆ White
 - ◆ Black or African-American
 - ◆ Hispanic or Latino
 - ◆ Asian
 - ◆ Native Hawaiian or Other Pacific Islander
 - ◆ American Indian or Alaska Native
 - ◆ Some other group

General health status

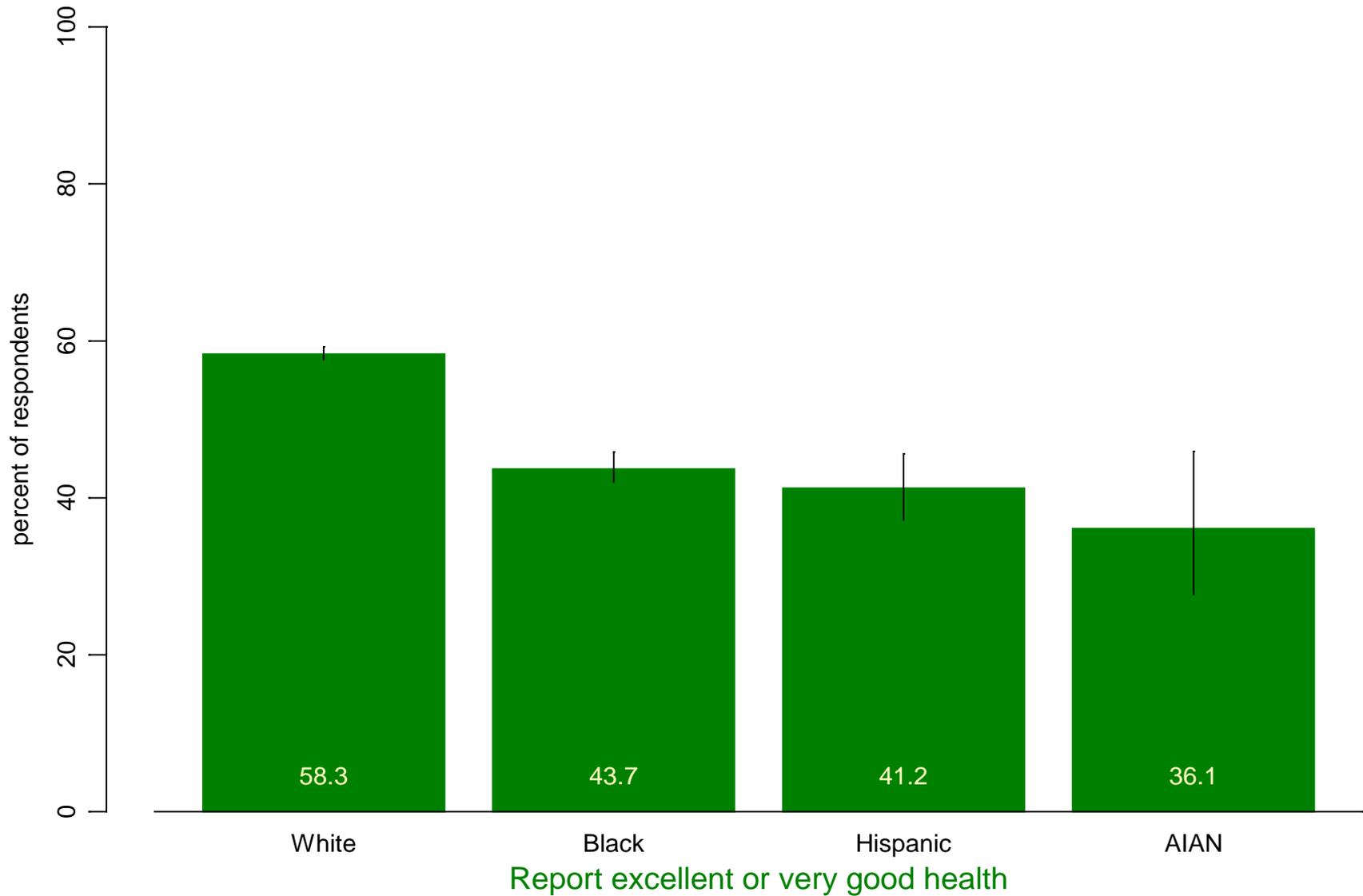
- **Would you say that in general your health is:**

- ◆ Excellent
- ◆ Very good
- ◆ Good
- ◆ Fair
- ◆ Poor

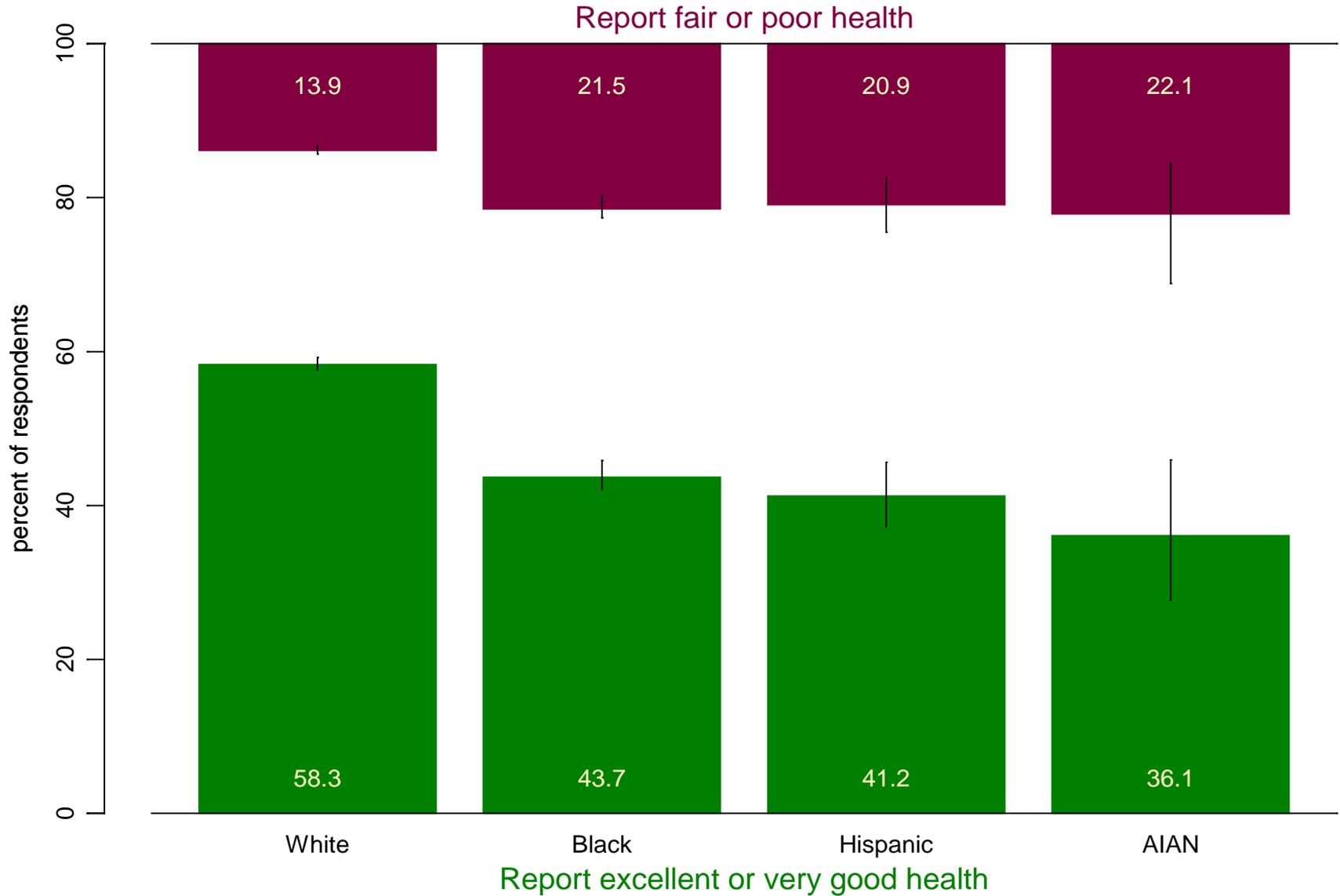
General health status by socially-assigned "race", 2004 BRFSS



General health status by socially-assigned "race", 2004 BRFSS



General health status by socially-assigned "race", 2004 BRFSS



General health status and “race”

- “White” social experience 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

White Black Hispanic AIAN ...

How self-identify

White 26,373	98.4	0.1	0.3	0.1	1.1
Black 5,246	0.4	96.3	0.8	0.3	2.2

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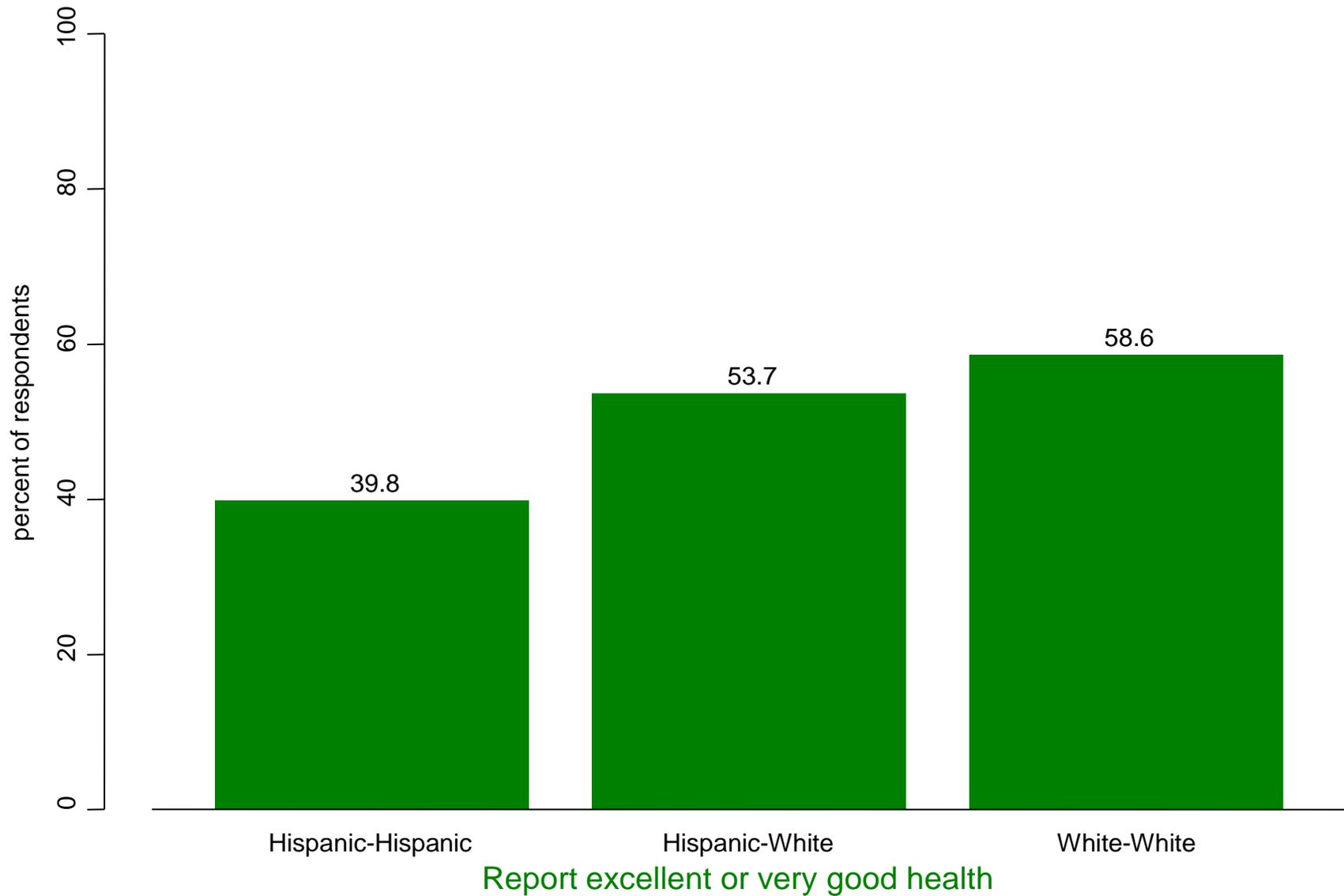
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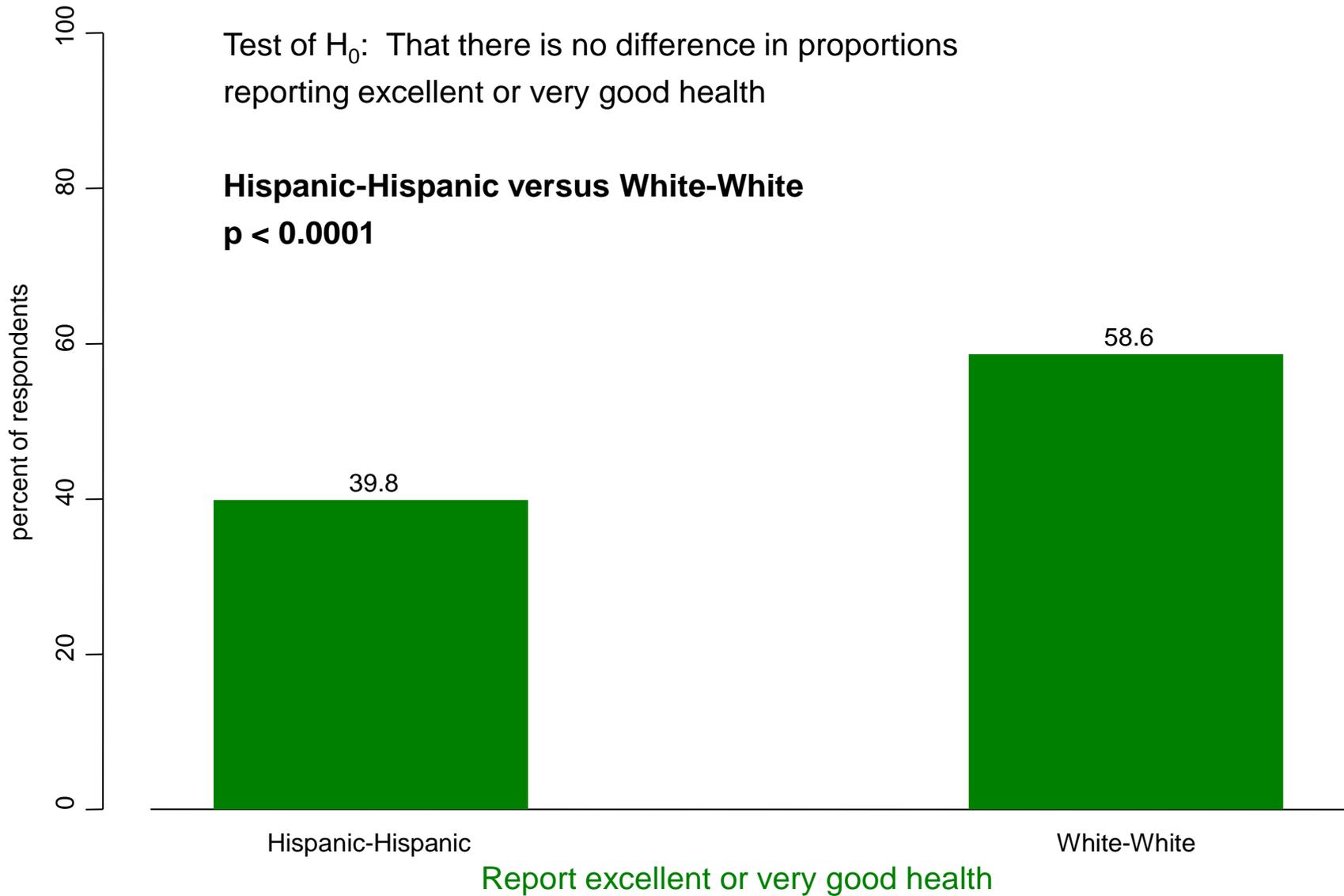
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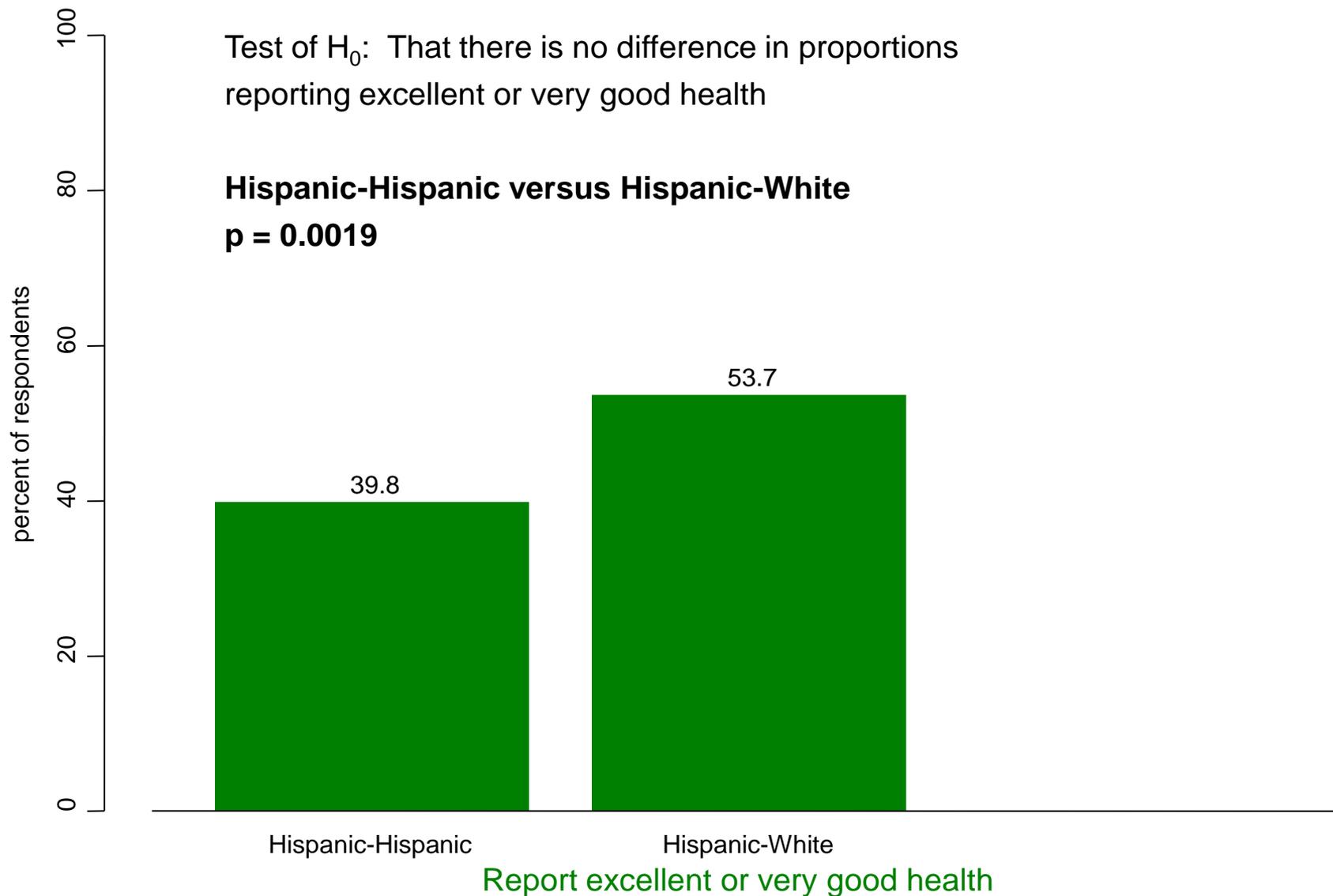
General health status, by self-identified and socially-assigned "race", 2004



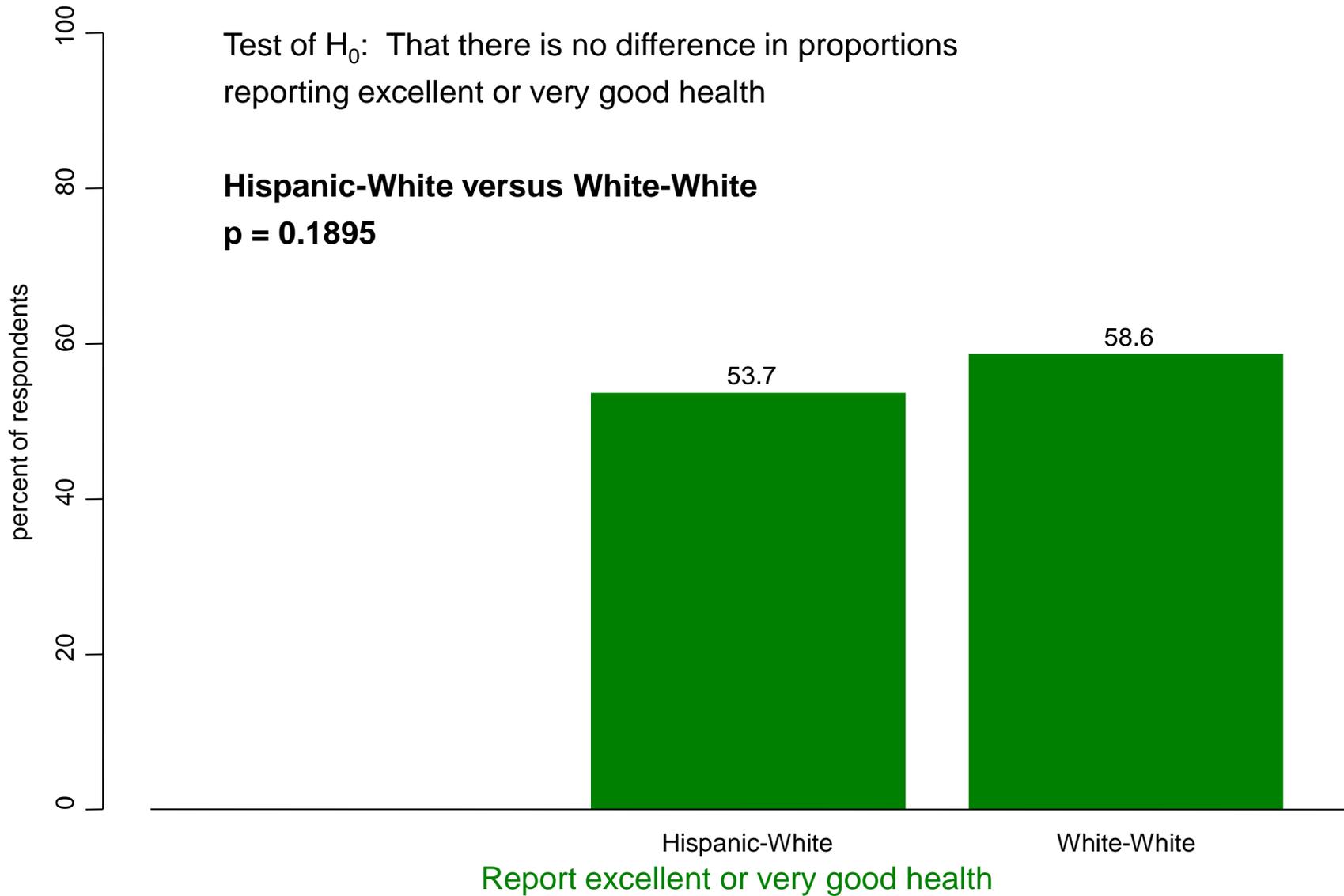
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AIAN 321	47.6	3.4	7.3	35.9	5.8

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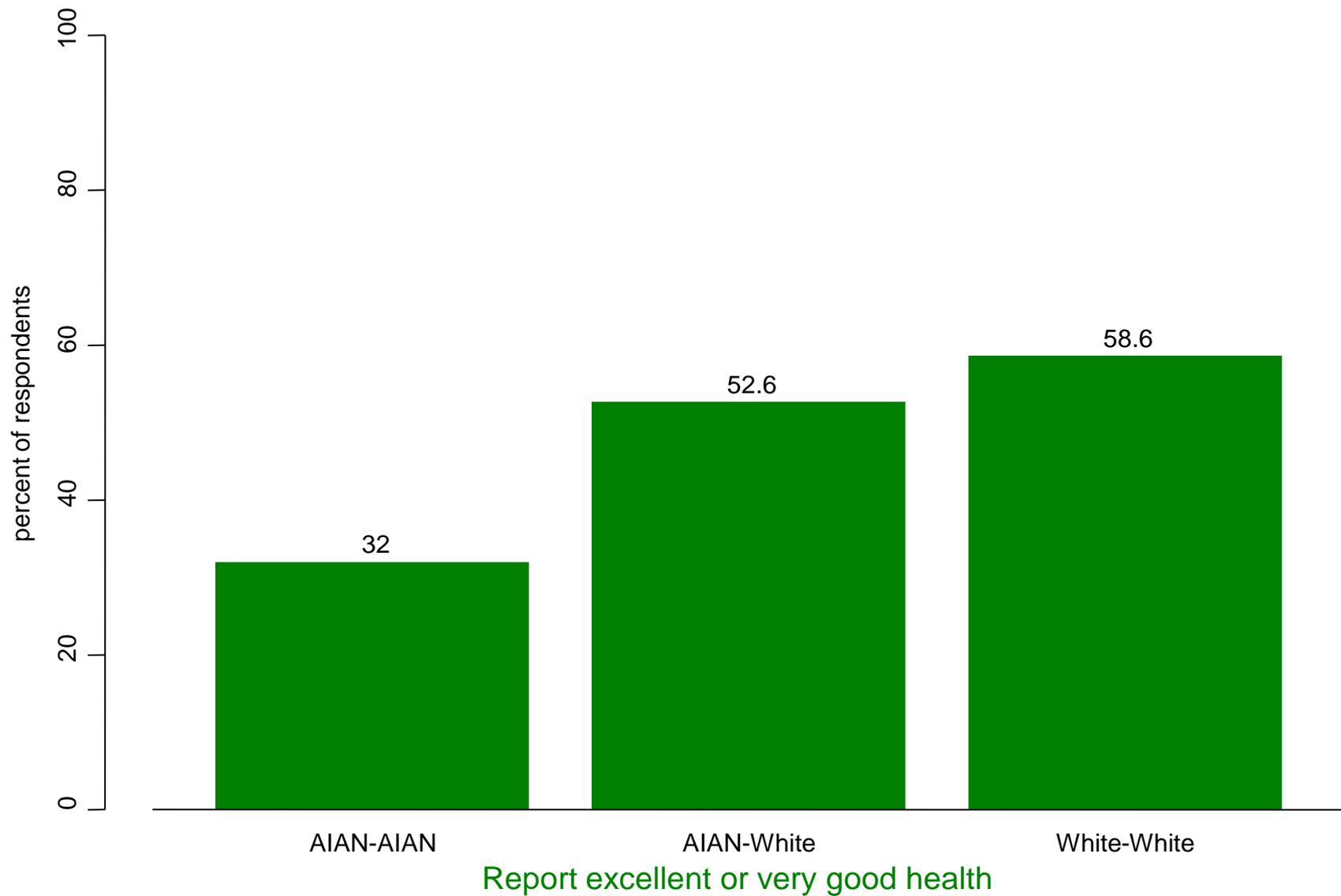
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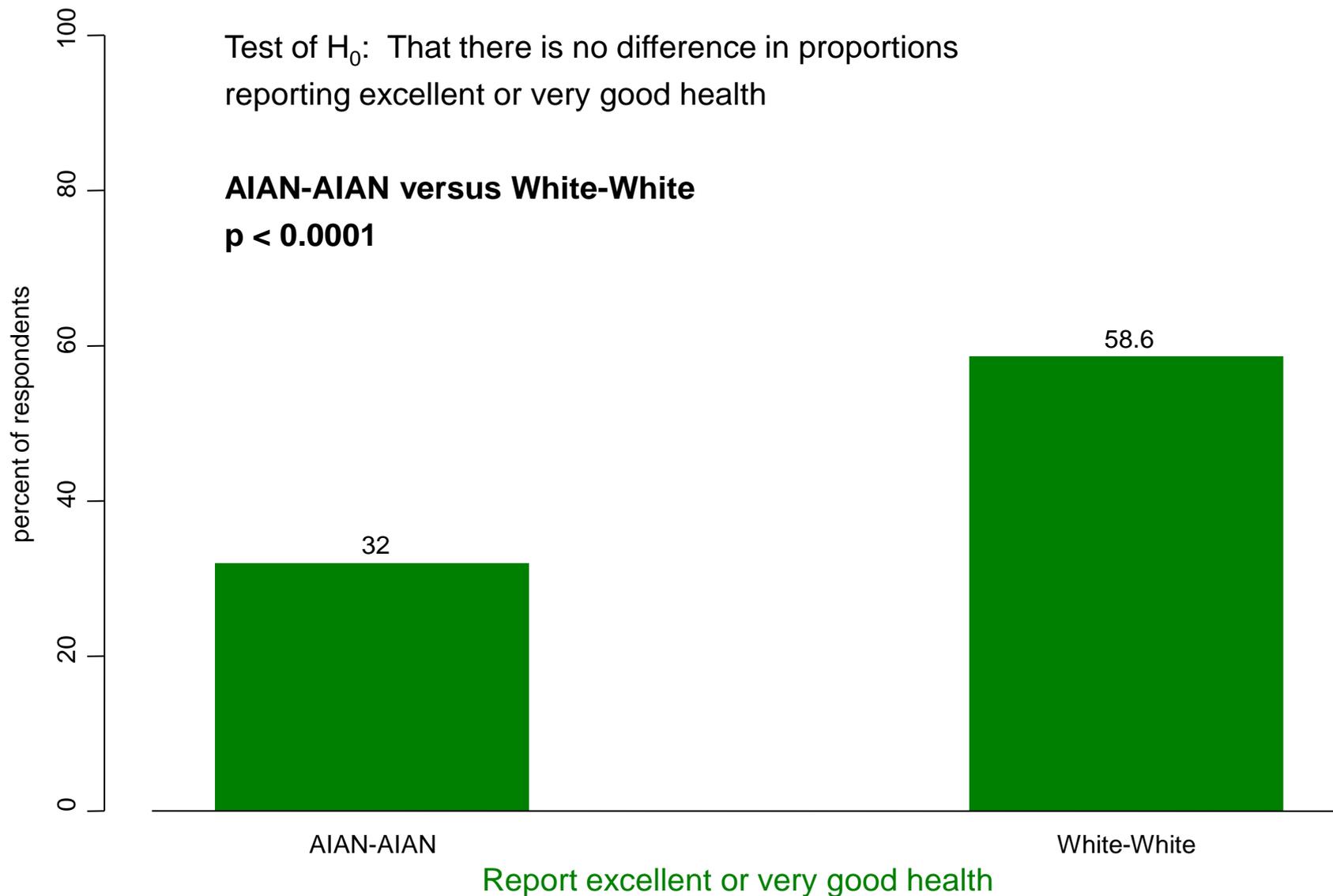
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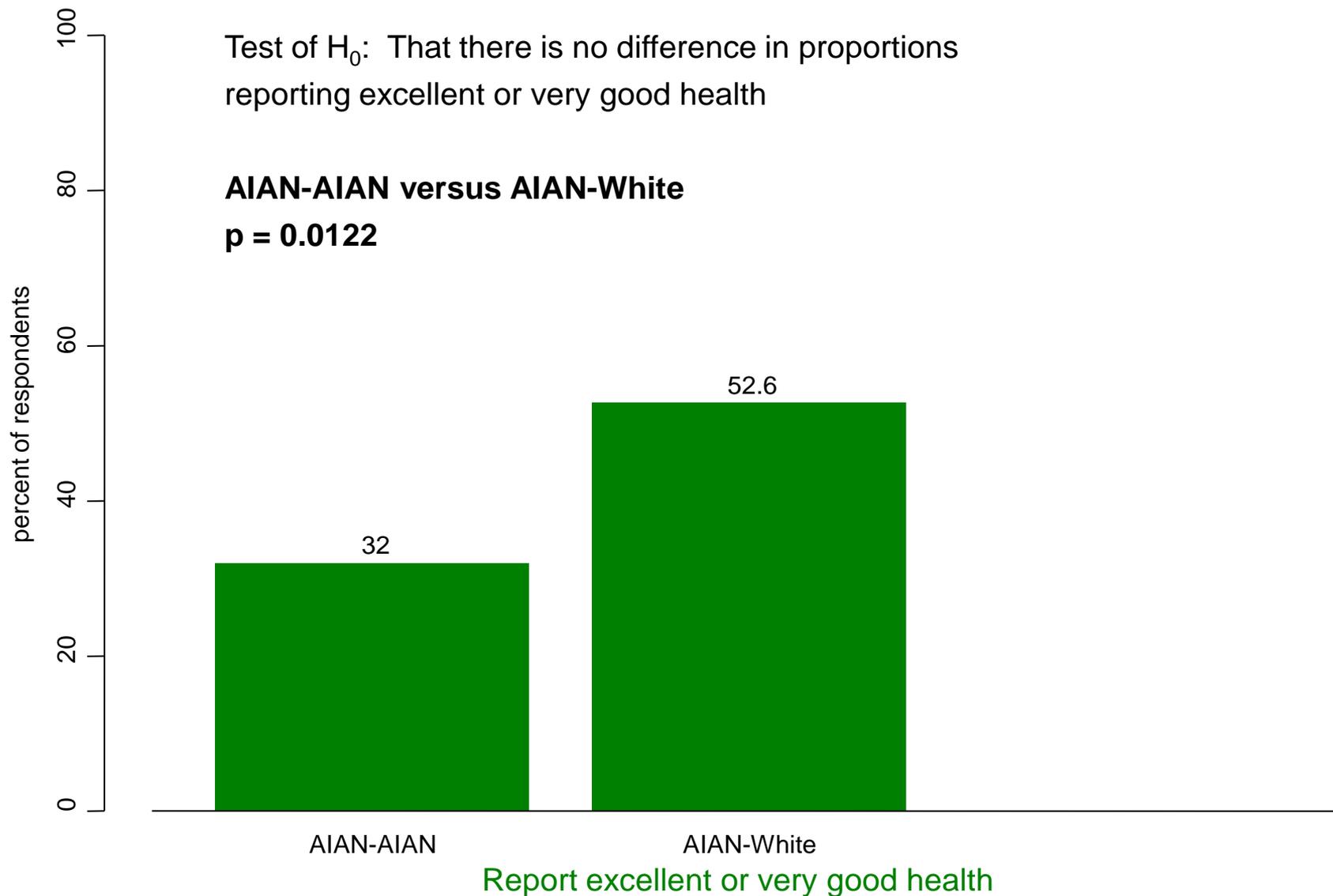
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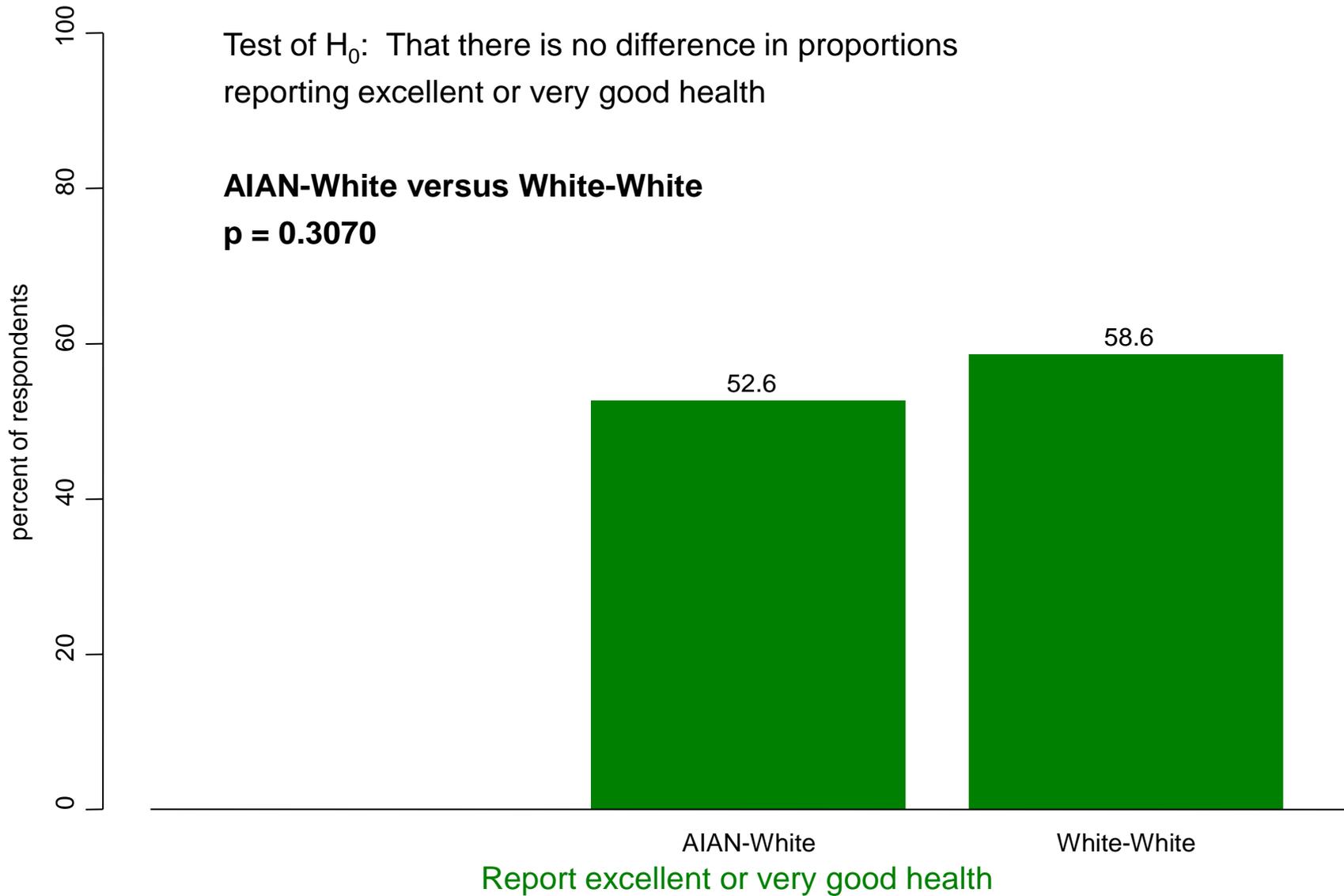
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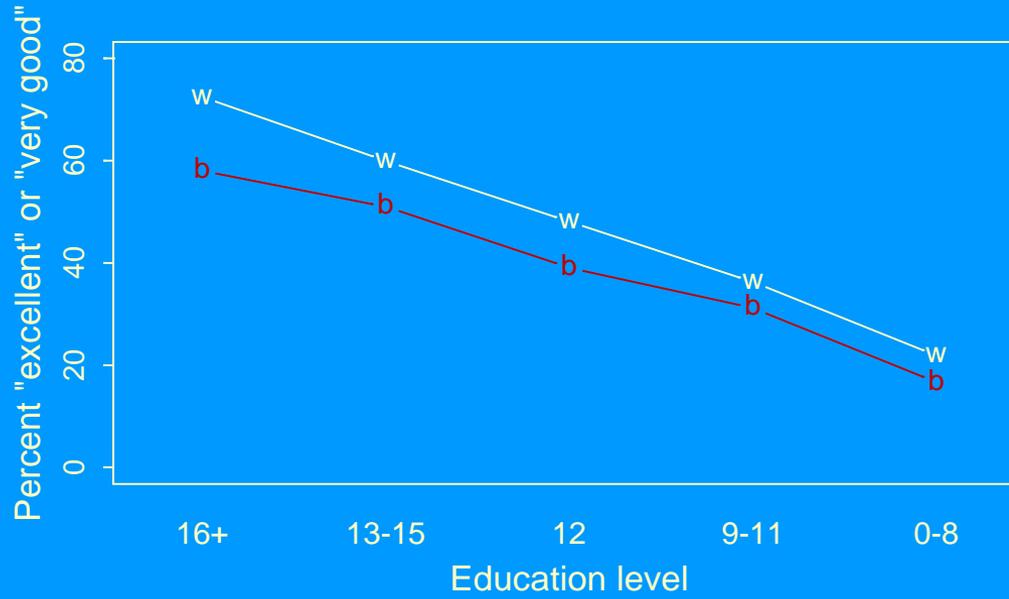
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General health status and “race”

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

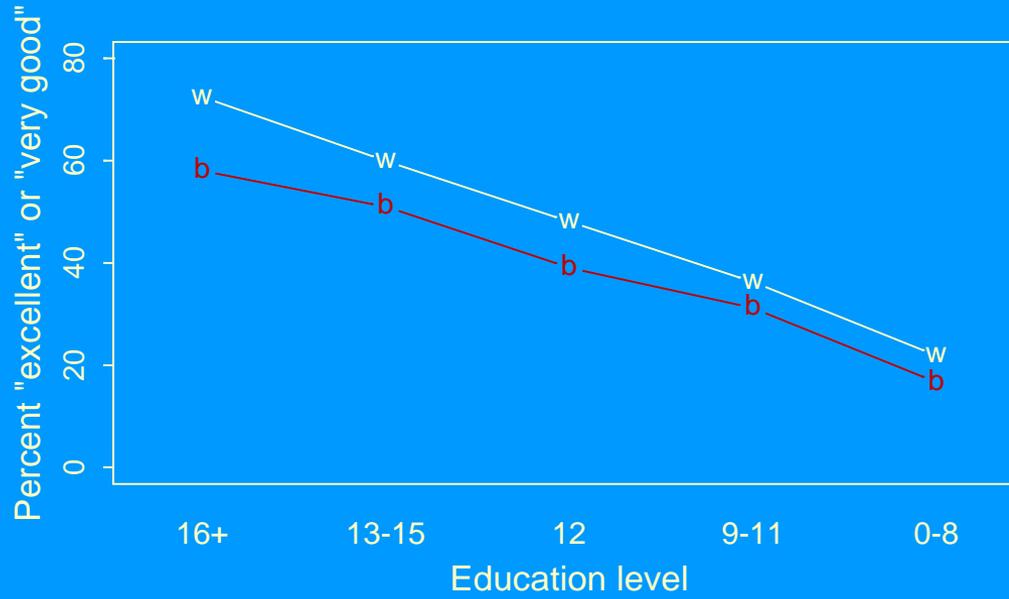
General health status by education and "race", 2004 BRFSS



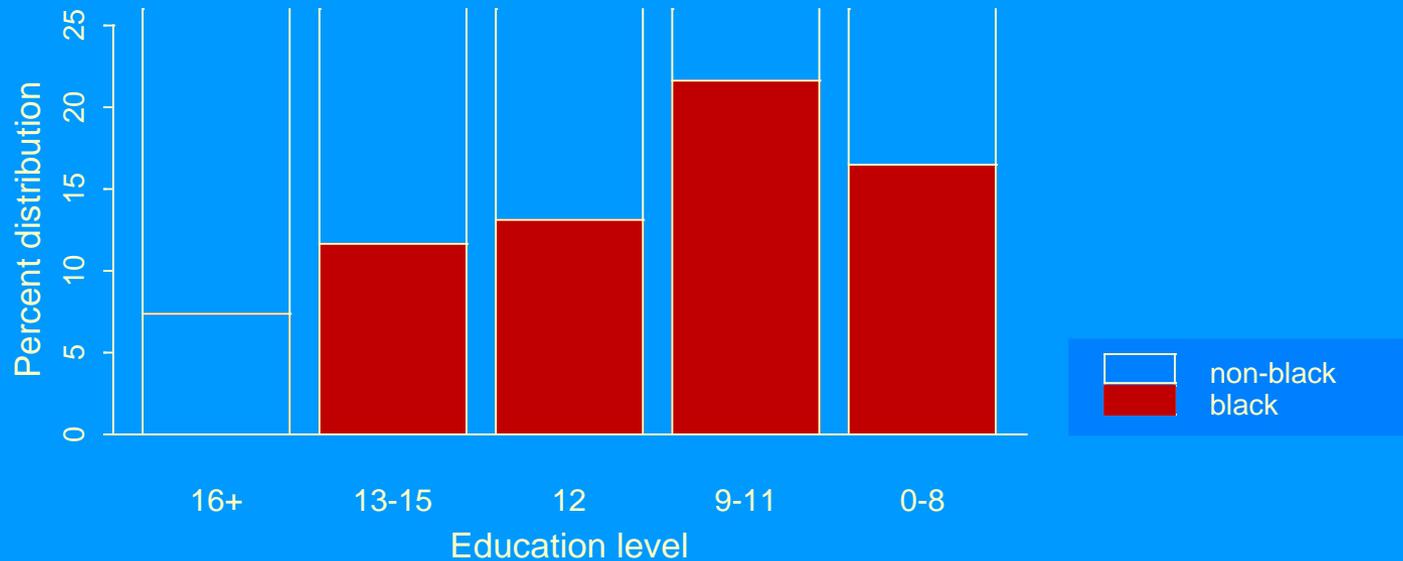
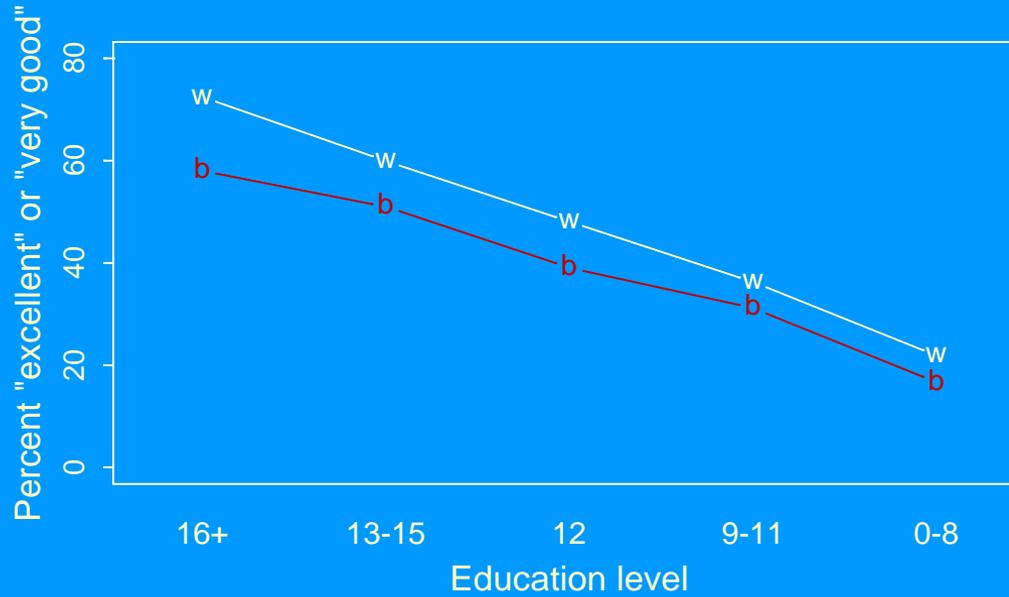
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 - ◆ Even within the same educational level

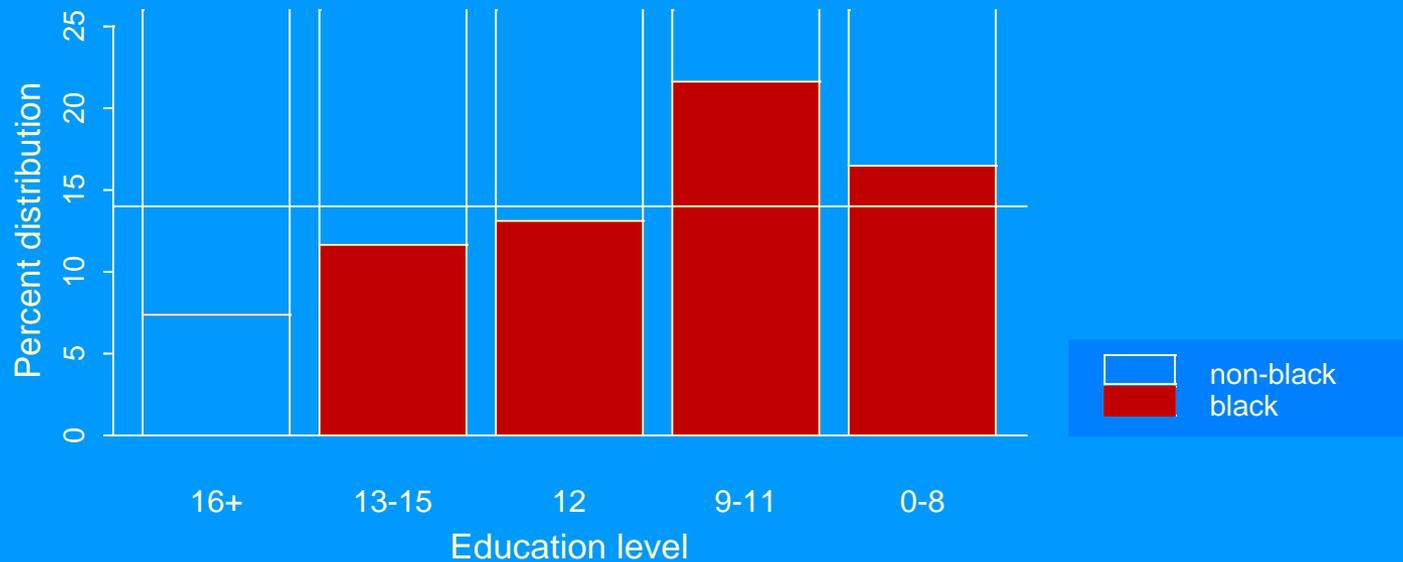
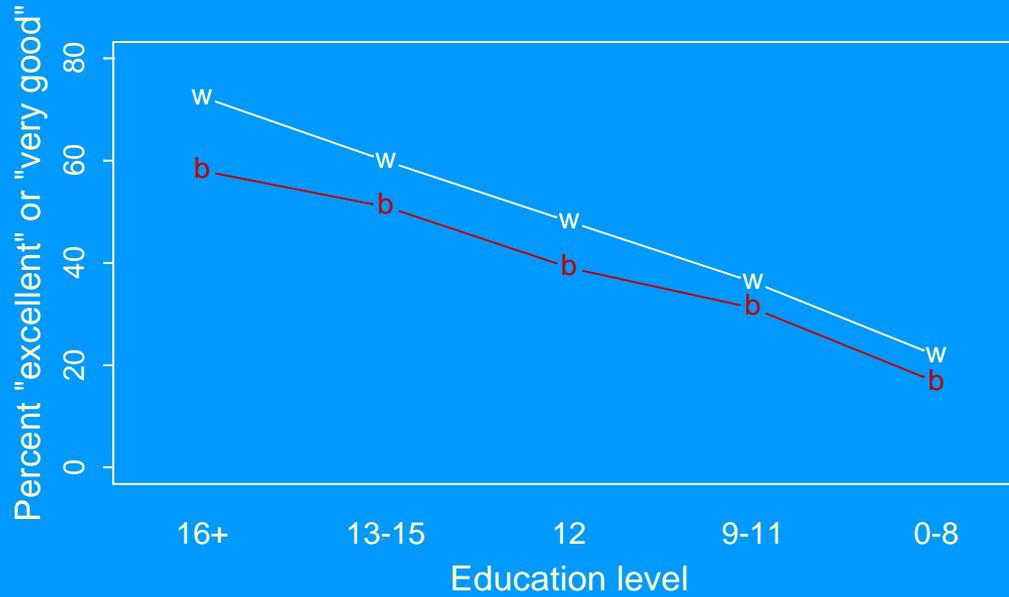
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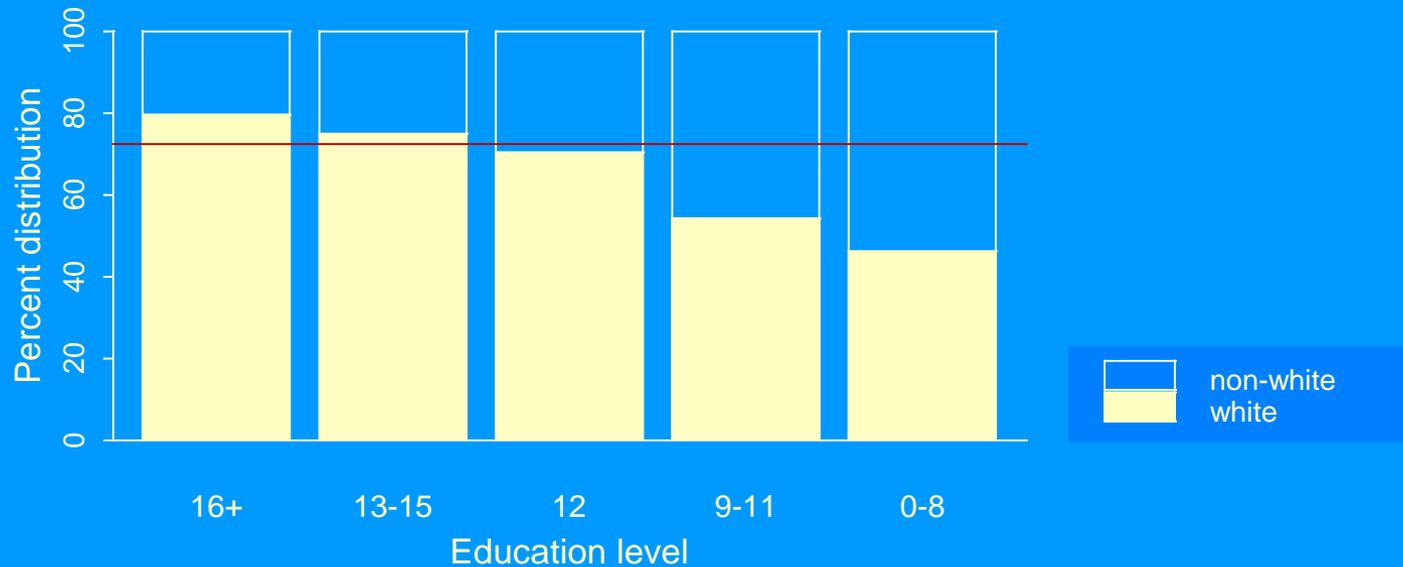
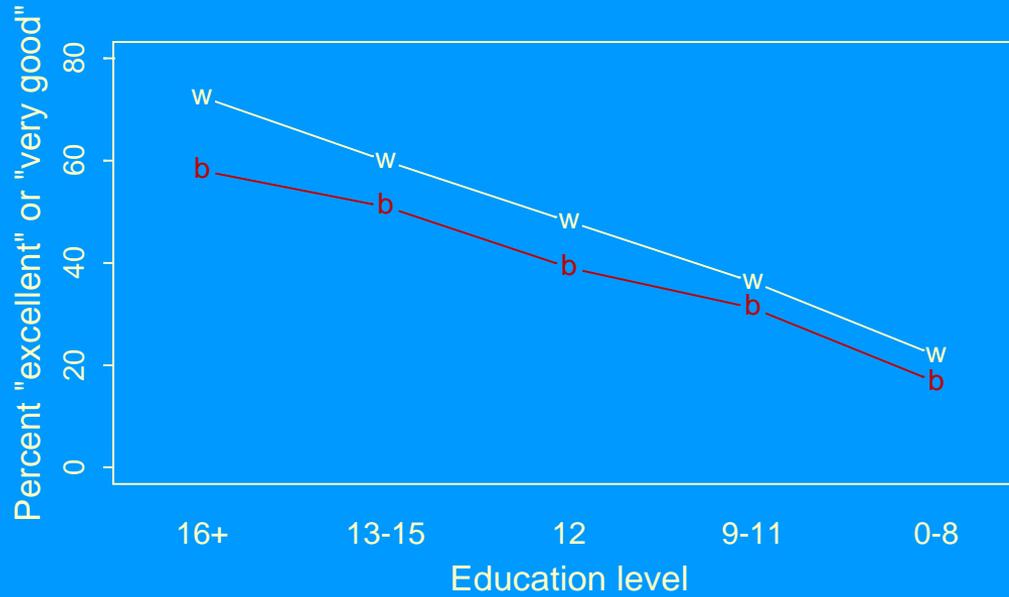
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General health status and “race”

- 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

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

Health equity

- Health equity is the realization by ALL people of the highest attainable level of health.

Achieving health equity

- Requires valuing all individuals and populations equally

Achieving health equity

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

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 - To address avoidable inequalities

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 - By assuring the conditions for optimal health for all groups

Achieving health equity

- Requires valuing all individuals and populations equally, and
- 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.

Addressing racism

- 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

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>
- 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

- 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

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

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