Social Determinants of Equity

and

Social Determinants of 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 exposures and opportunities

Differences in access to care

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?
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)
Determinants of health and illness that are outside of the individual

Beyond genetic predispositions

Beyond individual behaviors

The contexts in which individual behaviors arise
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

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

**Social determinants of health (contexts)**

**Individual behaviors**

**Hazards and toxic exposures**
- Pesticides, lead, reservoirs of infection
Determinants of health

Individual resources
Education, occupation, income, wealth

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

Social determinants of health (contexts)

Individual behaviors

Hazards and toxic exposures
Pesticides, lead, reservoirs of infection

Opportunity structures
Schools, jobs, justice
Determinants of health

Societal determinants of context

Social determinants of health (contexts)

Individual behaviors
Determinants of health

Determine the range of observed contexts

Societal determinants of context
Determinants of health

Determine the range of observed contexts

Societal determinants of context

Social determinants of health (contexts)

Individual behaviors

Determine the distribution of different populations into those contexts
Determinants of health

Determine the range of observed contexts

Societal determinants of context

Social determinants of health (contexts)

Individual behaviors

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

Societal determinants of context

Social determinants of health (contexts)

Individual behaviors

The social determinants of equity

Include capitalism, racism, and other systems of power

Determine the distribution of different populations into those contexts
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")
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
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
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

Source: Jones CP, Phylon 2003
“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”

<table>
<thead>
<tr>
<th>State</th>
<th>Year(s)</th>
</tr>
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<tbody>
<tr>
<td>Arkansas</td>
<td>2004</td>
</tr>
<tr>
<td>California</td>
<td>2002</td>
</tr>
<tr>
<td>Colorado</td>
<td>2004</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>2004</td>
</tr>
<tr>
<td>Florida</td>
<td>2002</td>
</tr>
<tr>
<td>Michigan</td>
<td>2006</td>
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<td>Mississippi</td>
<td>2004</td>
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<td>2002</td>
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<tr>
<td>North Carolina</td>
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<tr>
<td>Ohio</td>
<td>2003, 2005</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>2004, 2007</td>
</tr>
<tr>
<td>South Carolina</td>
<td>2003, 2004</td>
</tr>
<tr>
<td>Virginia</td>
<td>2008</td>
</tr>
<tr>
<td>Washington</td>
<td>2004</td>
</tr>
</tbody>
</table>
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

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 excellent or very good health

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

Report fair or poor health

- White: 13.9%
- Black: 21.5%
- Hispanic: 20.9%
- AIAN: 22.1%

Report excellent or very good health

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

<table>
<thead>
<tr>
<th>How self-identify</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>AIAN</th>
<th>...</th>
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</thead>
<tbody>
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<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>
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</table>
### Two measures of “race”

#### How usually classified by others

<table>
<thead>
<tr>
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<th>White 26,373</th>
<th>Black 5,246</th>
<th>Hispanic 1,528</th>
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<td>0.1</td>
<td>0.3</td>
</tr>
<tr>
<td>Black</td>
<td>0.4</td>
<td>96.3</td>
<td>0.8</td>
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<tr>
<td>Hispanic</td>
<td>26.8</td>
<td>3.5</td>
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<tr>
<td>AIAN</td>
<td>0.1</td>
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<tr>
<td>...</td>
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<td>2.2</td>
<td>5.5</td>
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<td>0.4</td>
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...
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%
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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<tr>
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<td>1,528</td>
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<td>AIAN</td>
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<td>321</td>
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## Two measures of “race”

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

Report excellent or very good health

- AIAN-AIAN: 32 percent
- AIAN-White: 52.6 percent
- White-White: 58.6 percent
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 by education and "race", 2004 BRFSS
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
General health status by education and "race", 2004 BRFSS

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

2. Percent distribution:
   - Non-white
   - White

3. Graphs showing the distribution of general health status by education and race.
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
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.

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, and
- Entails focused and ongoing societal efforts

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

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

Source: National Partnership for Action, ongoing discussions, 2009
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
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/kerds72-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

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