

Racism and Health: Understanding Multiple Pathways

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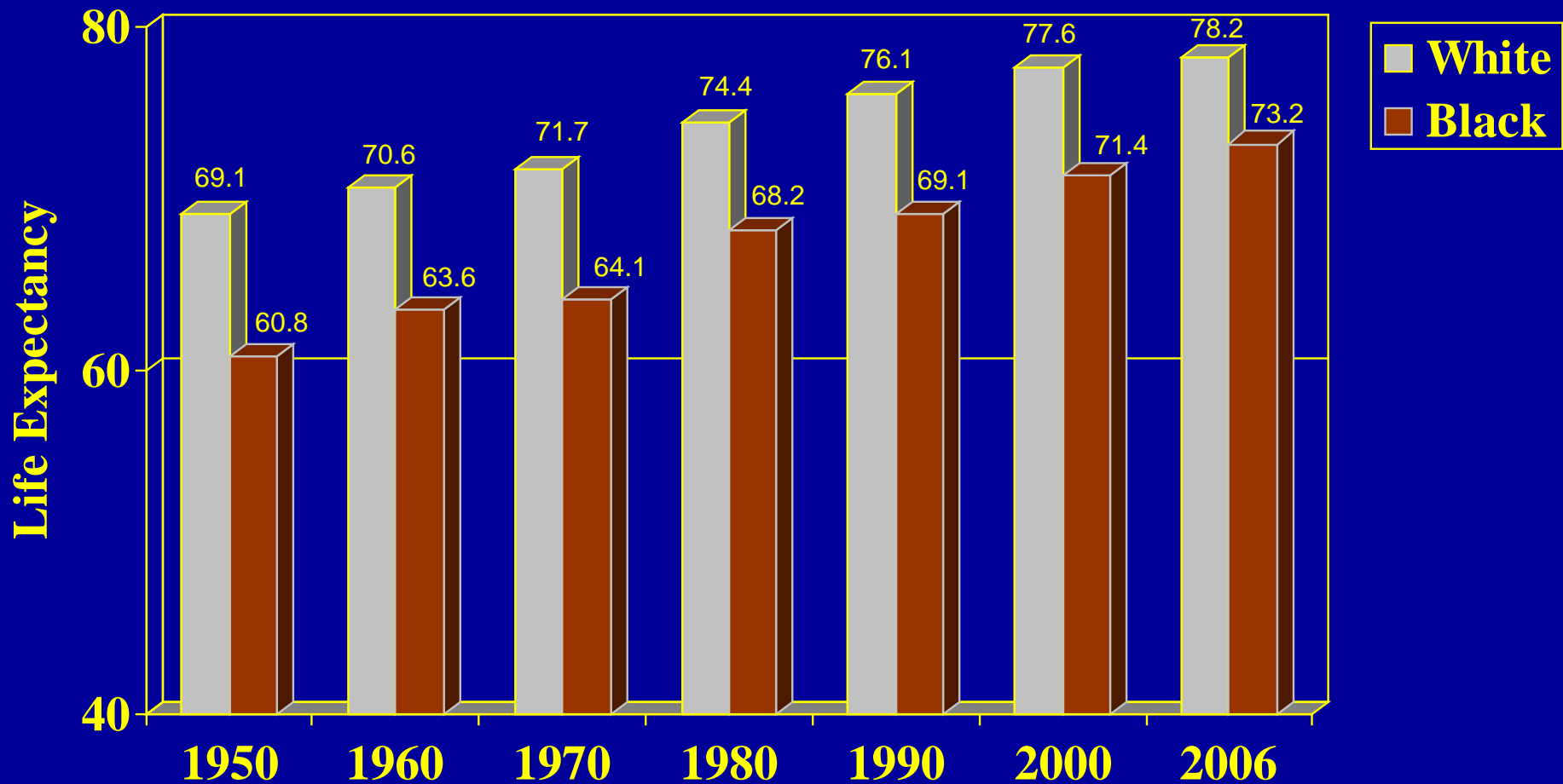
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Racial Disparities in Health

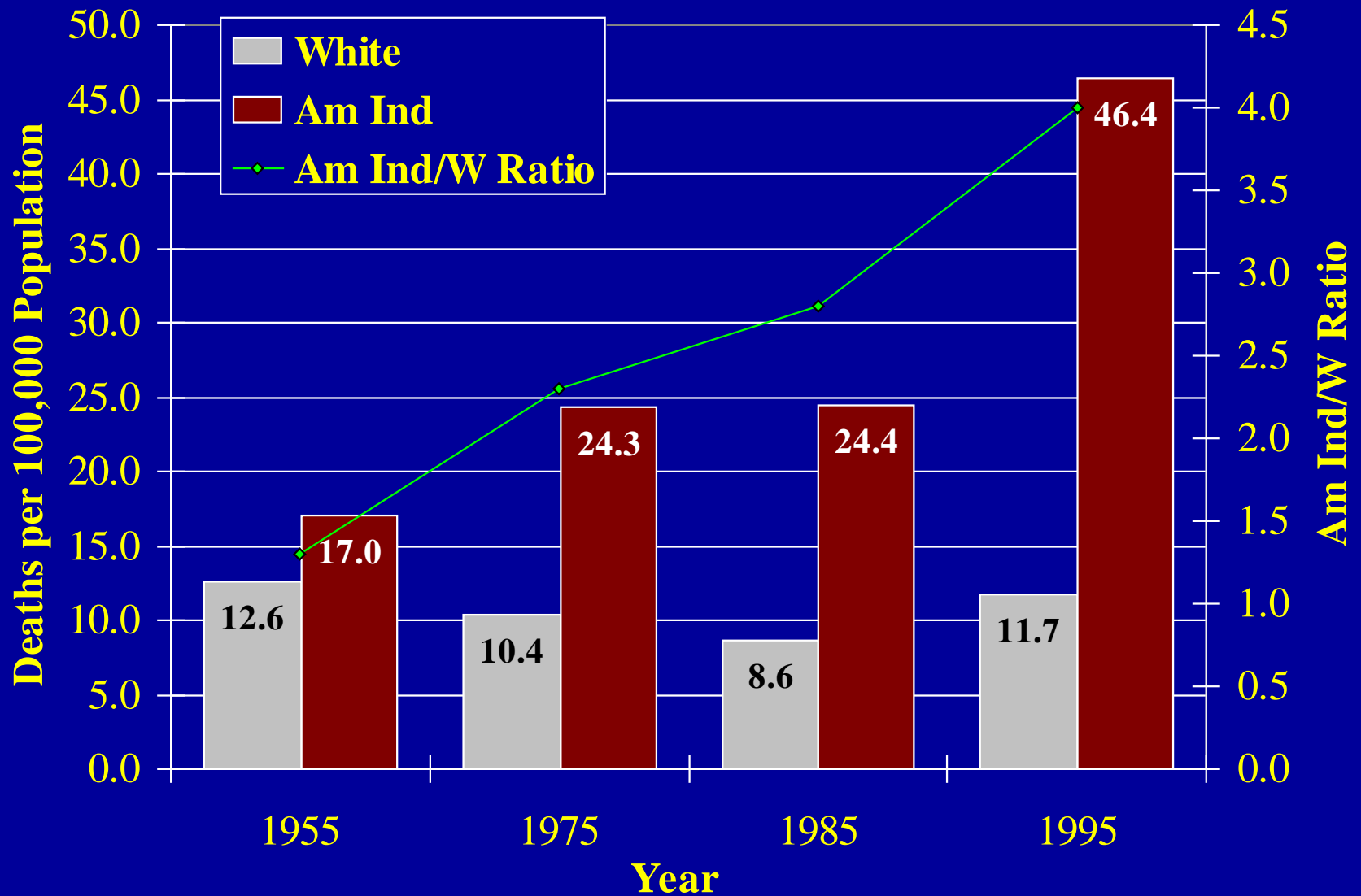
- African Americans have higher death rates than Whites for 12 of the 15 leading causes of death.
 - Blacks and American Indians have higher age-specific death rates than Whites from birth through the retirement years.
 - Minorities get sick sooner, have more severe illness and die sooner than Whites
 - Hispanics have higher death rates than whites for diabetes, hypertension, liver cirrhosis & homicide
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Life Expectancy Lags, 1950-2006



Murphy, NVSS 2000; Braveman et al. in Press, NLMS 1988-1998

Diabetes Death Rates 1955-1995

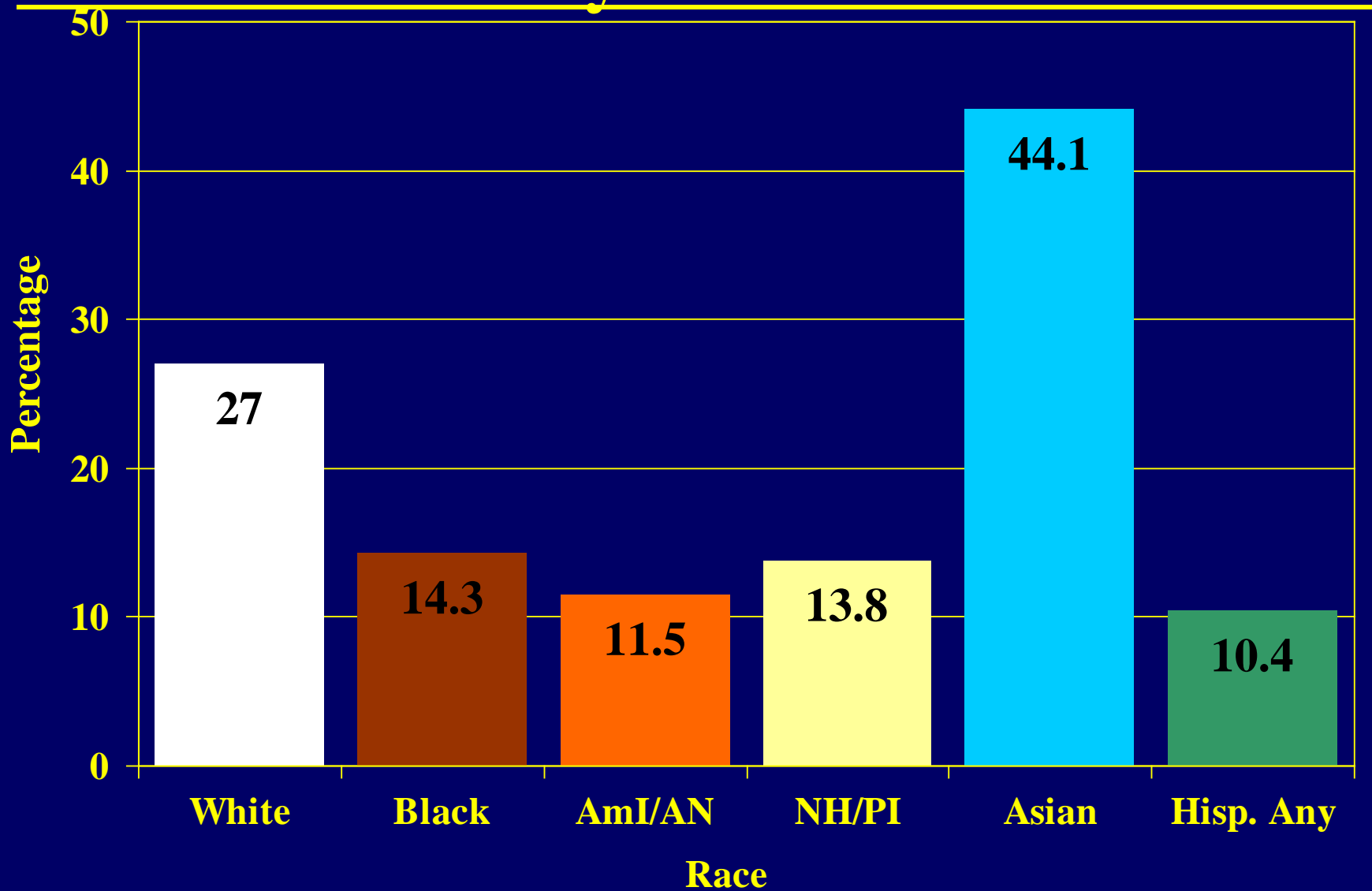


SAT Scores by Income

Family Income	Median Score
More than \$100,000	1129
\$80,000 to \$100,000	1085
\$70,000 to \$80,000	1064
\$60,000 to \$70,000	1049
\$50,000 to \$60,000	1034
\$40,000 to \$50,000	1016
\$30,000 to \$40,000	992
\$20,000 to \$30,000	964
\$10,000 to \$20,000	920
Less than \$10,000	873

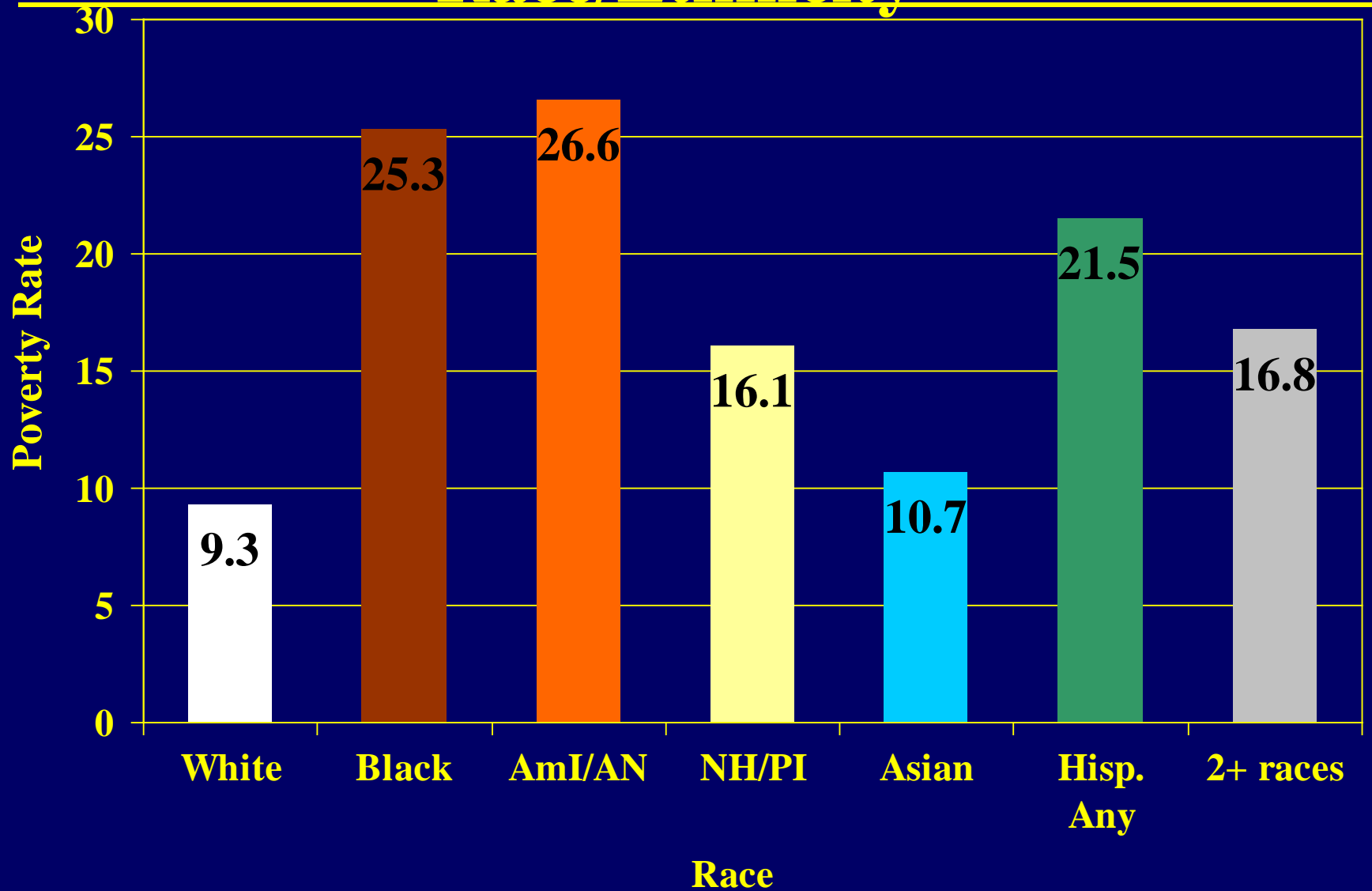
Source: (ETS) Mantsios; N=898,596

Percentage of College Grad+ by Race

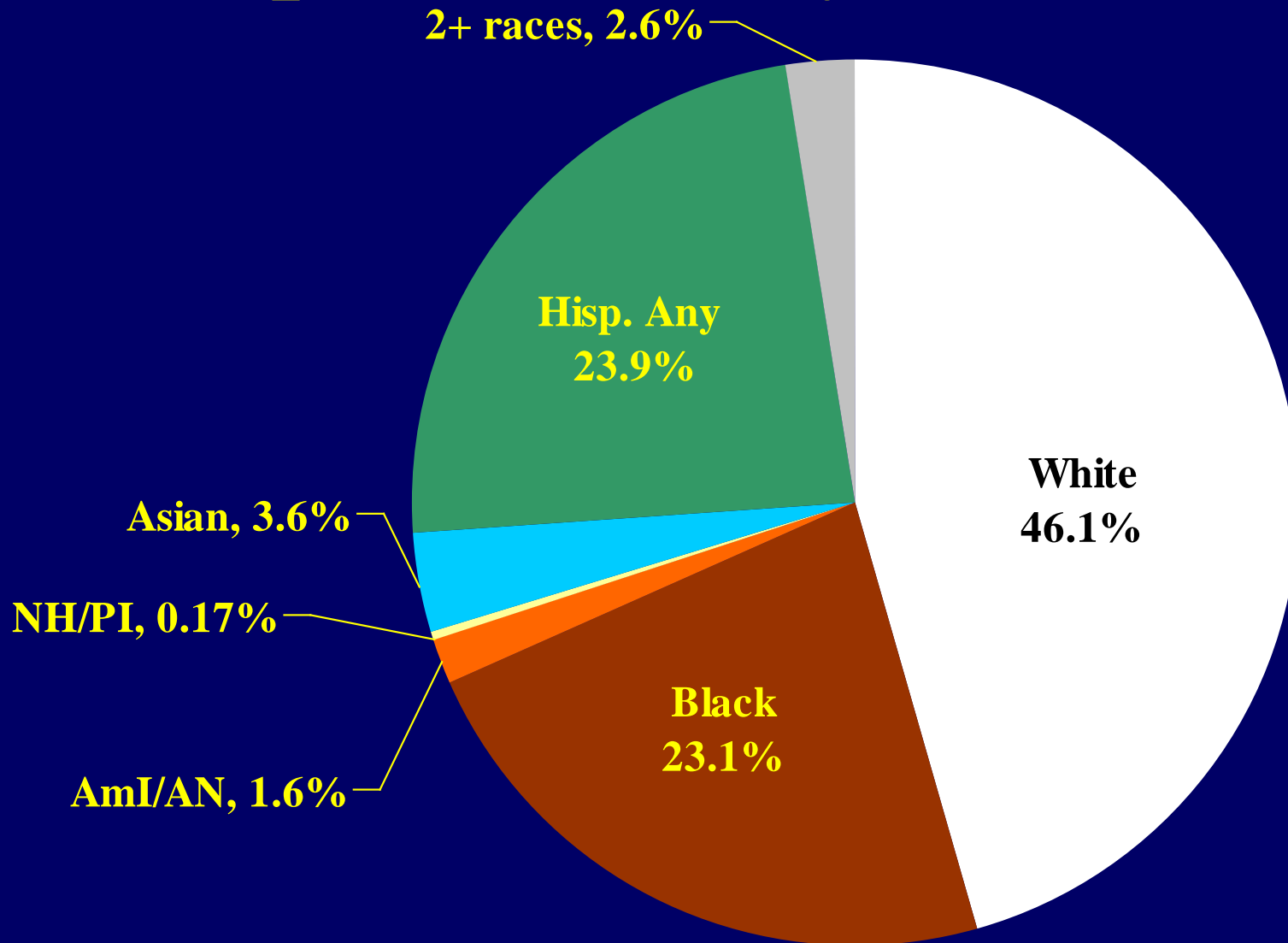


Percentage of Persons in Poverty

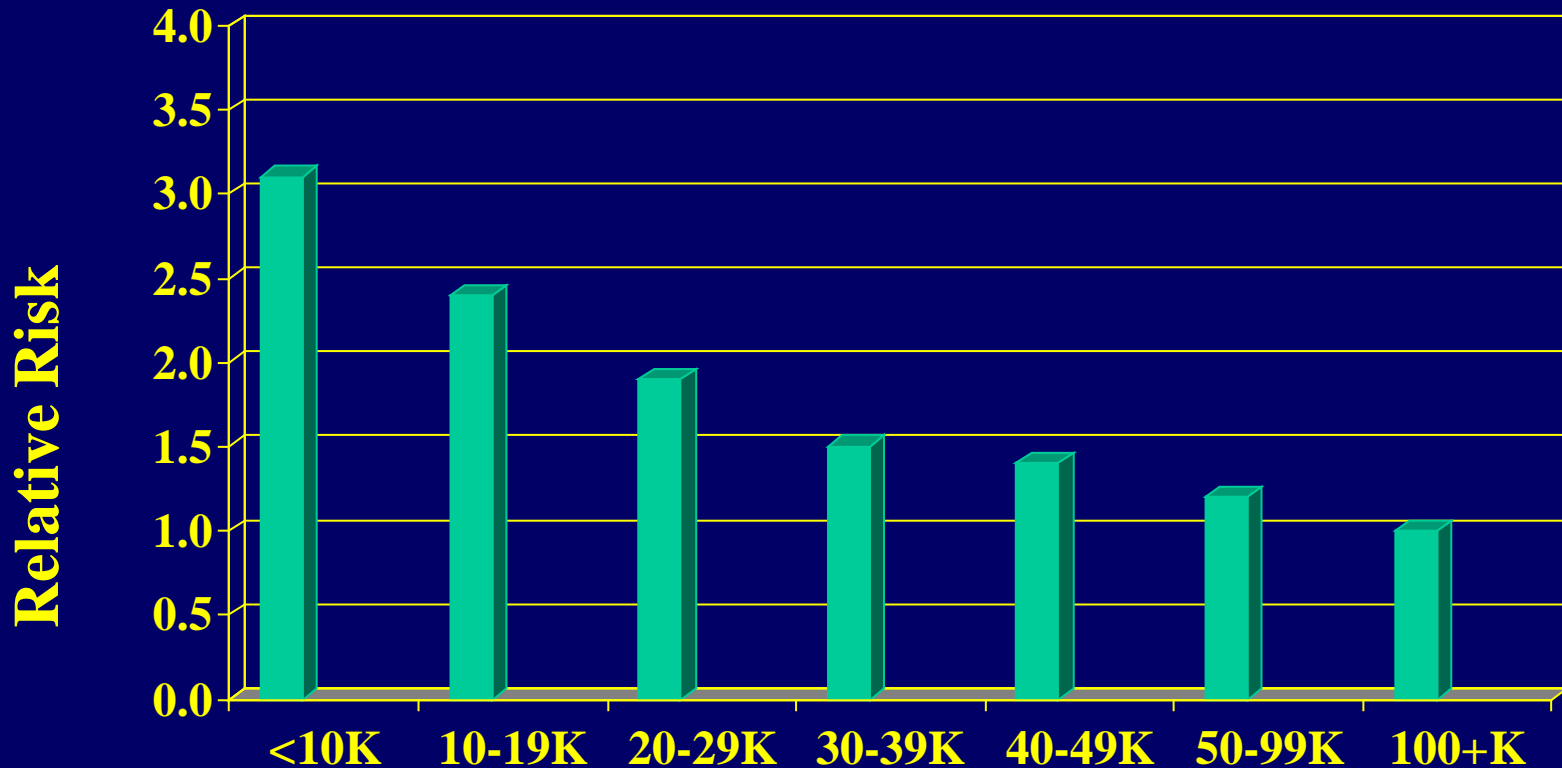
Race/Ethnicity



Racial/Ethnic Composition of People in Poverty in the U.S.



Relative Risk of Premature Death by Family Income (U.S.)



Family Income in 1980 (adjusted to 1999 dollars)

Life Expectancy At Age 25, 1998

Group	White	Black	Difference
All	53.4	48.4	5.0

Life Expectancy At Age 25, 1998

Group	White	Black	Difference
All	53.4	48.4	5.0
Education			
a. 0-12 Years	50.1		
b. 12 Years	54.1		
c. Some College	55.2		
d. College Grad	56.5		
Difference	6.4		

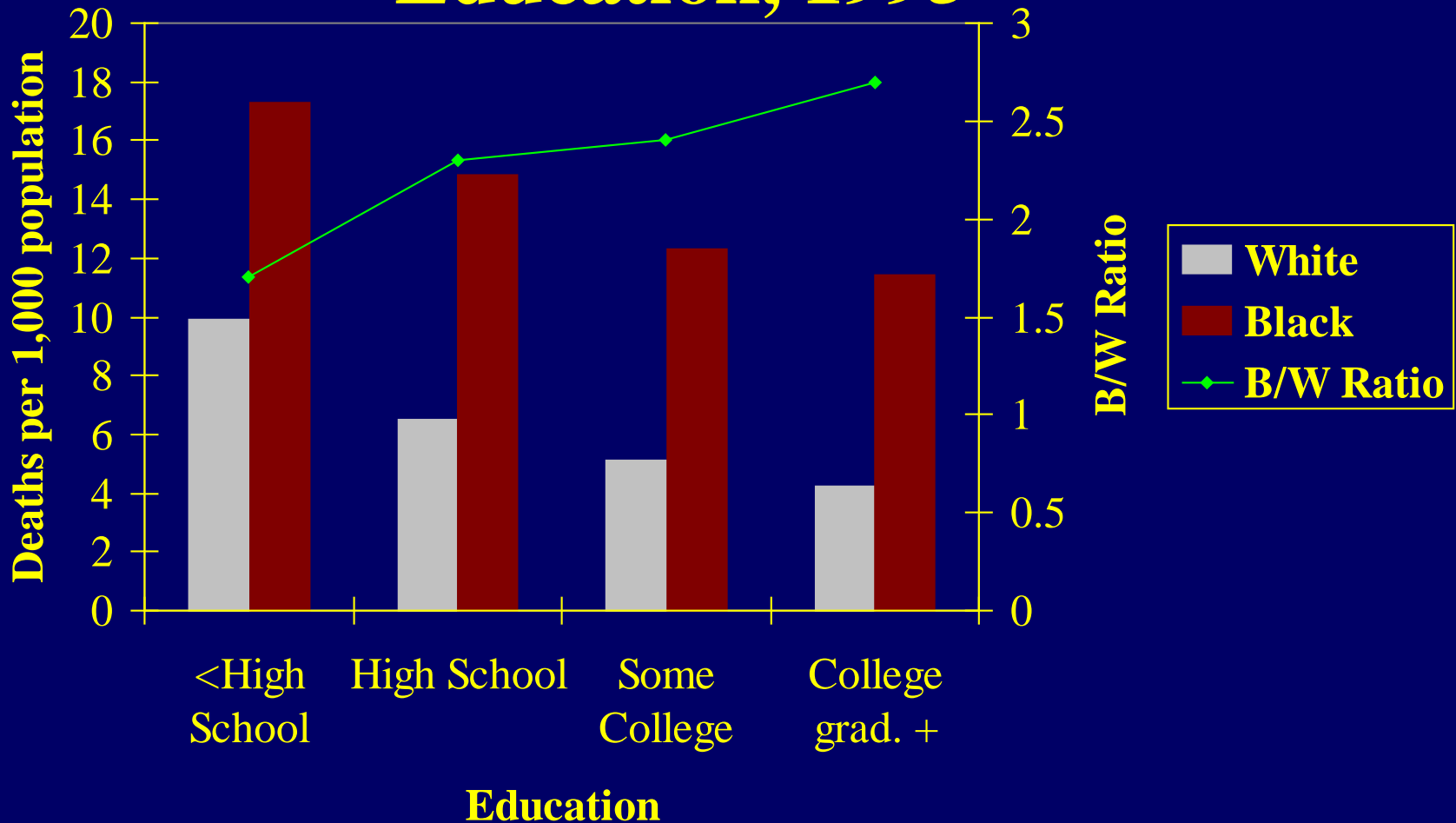
Life Expectancy At Age 25, 1998

Group	White	Black	Difference
All	53.4	48.4	5.0
Education			
a. 0-12 Years	50.1	47.0	
b. 12 Years	54.1	49.9	
c. Some College	55.2	50.9	
d. College Grad	56.5	52.3	
Difference	6.4	5.3	

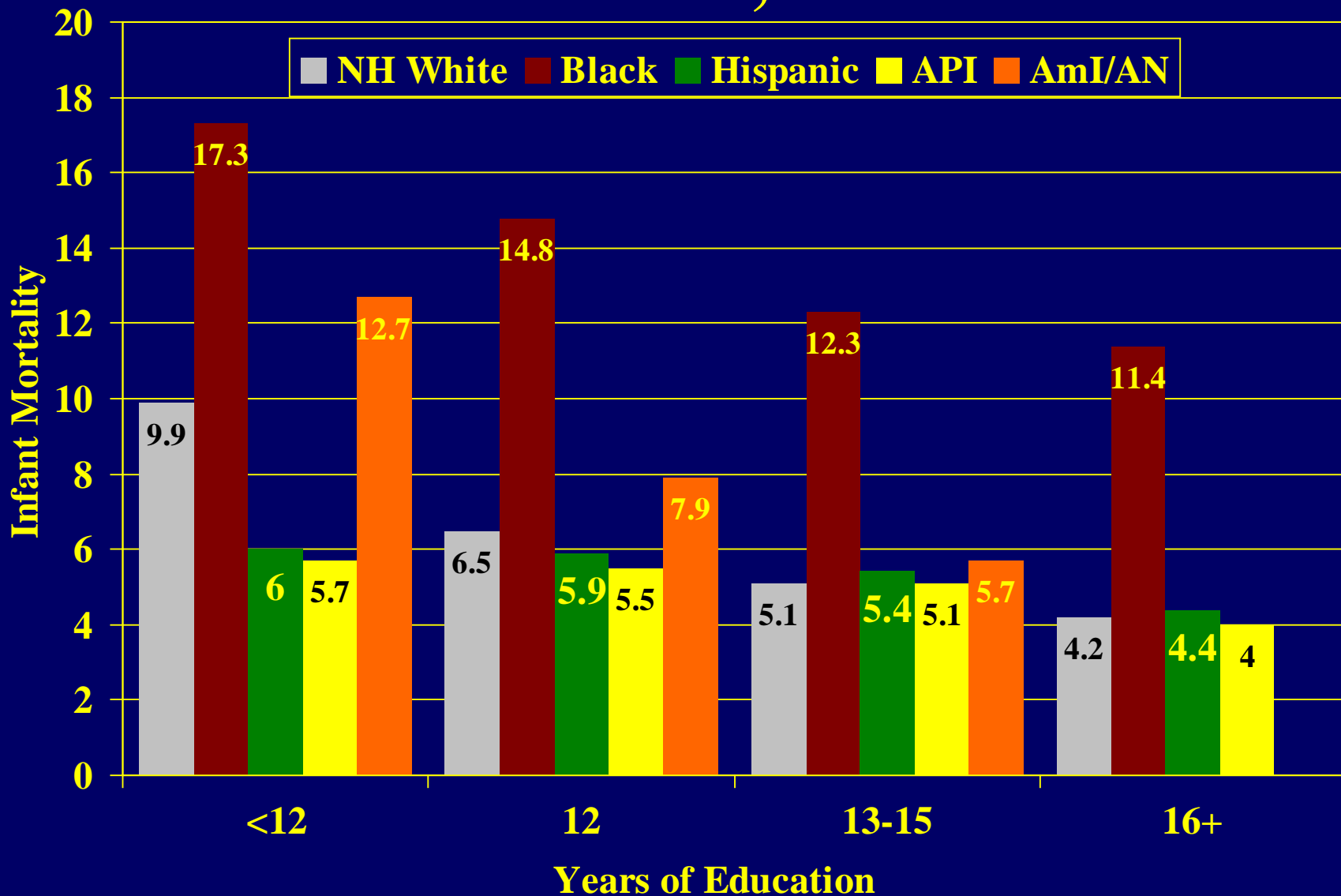
Life Expectancy At Age 25, 1998

Group	White	Black	Difference
All	53.4	48.4	5.0
Education			
a. 0-12 Years	50.1	47.0	3.1
b. 12 Years	54.1	49.9	4.2
c. Some College	55.2	50.9	4.3
d. College Grad	56.5	52.3	4.2
Difference	6.4	5.3	

Infant Death Rates by Mother's Education, 1995



Infant Mortality by Mother's Education, 1995

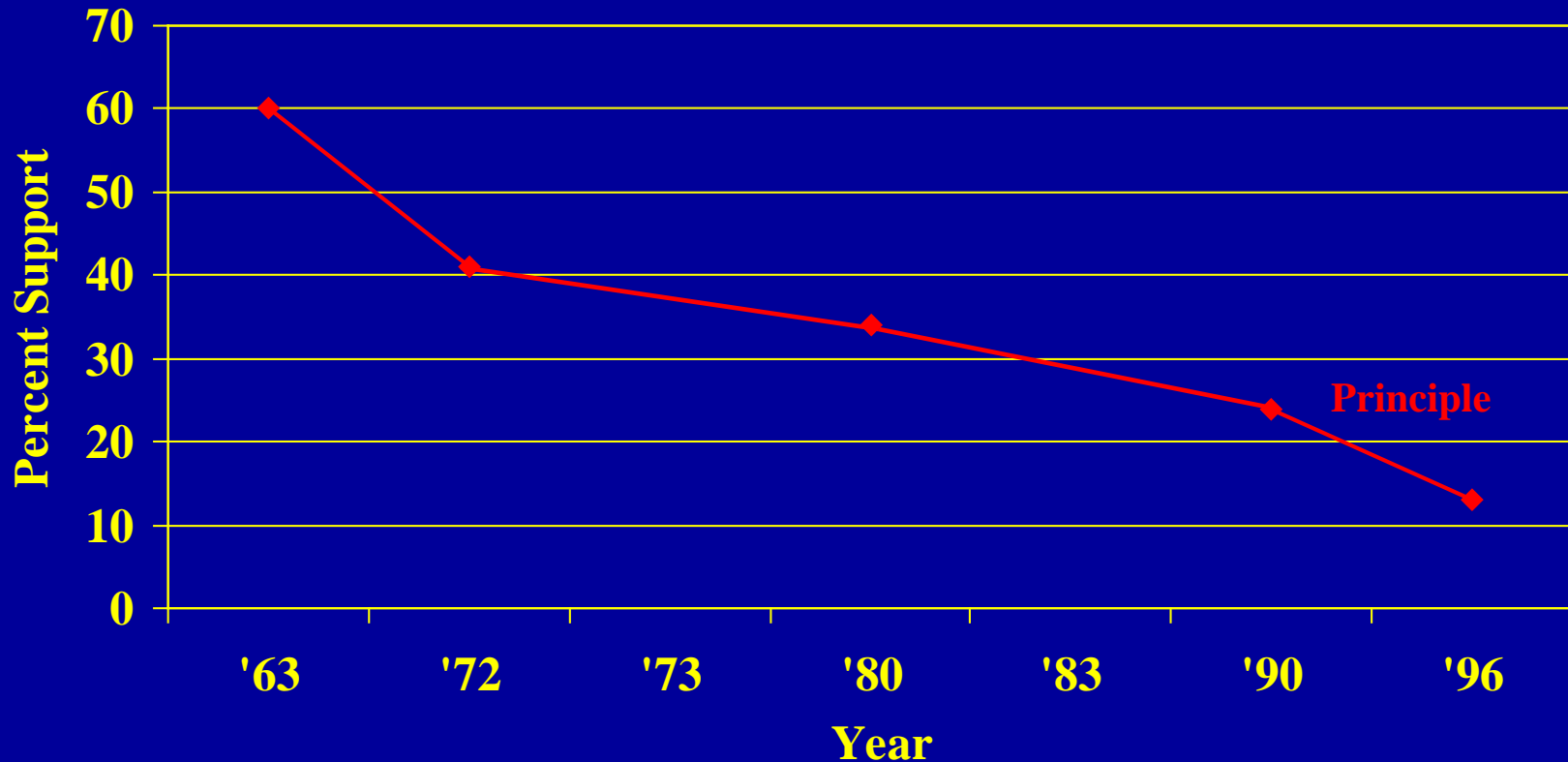


Understanding Elevated Health Risks

“Has anyone seen the SPIDER that is spinning this complex web of causation?”

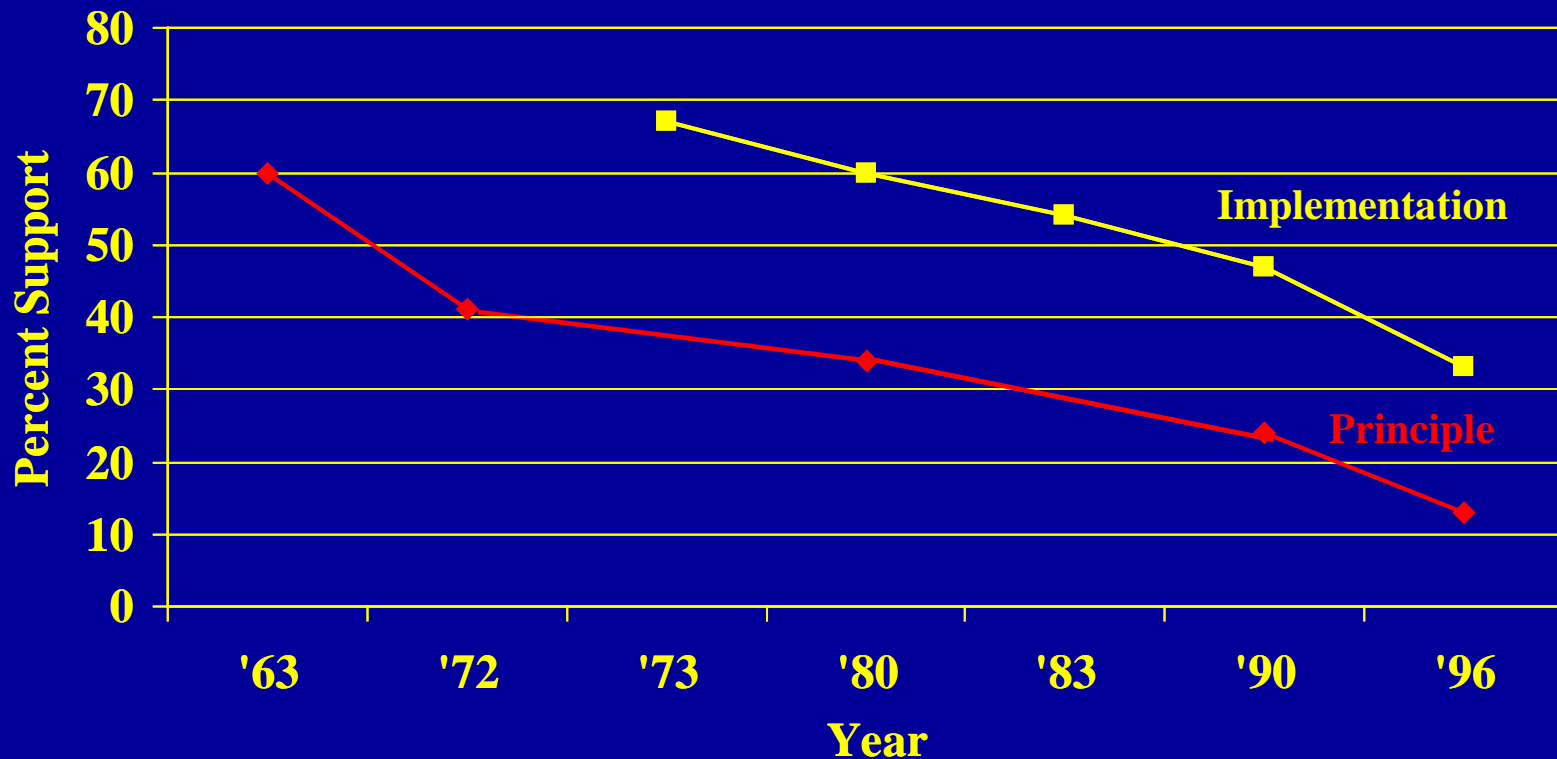


Principle vs. Implementation in Housing



Principle: Whites have right to keep Blacks out of neighborhood

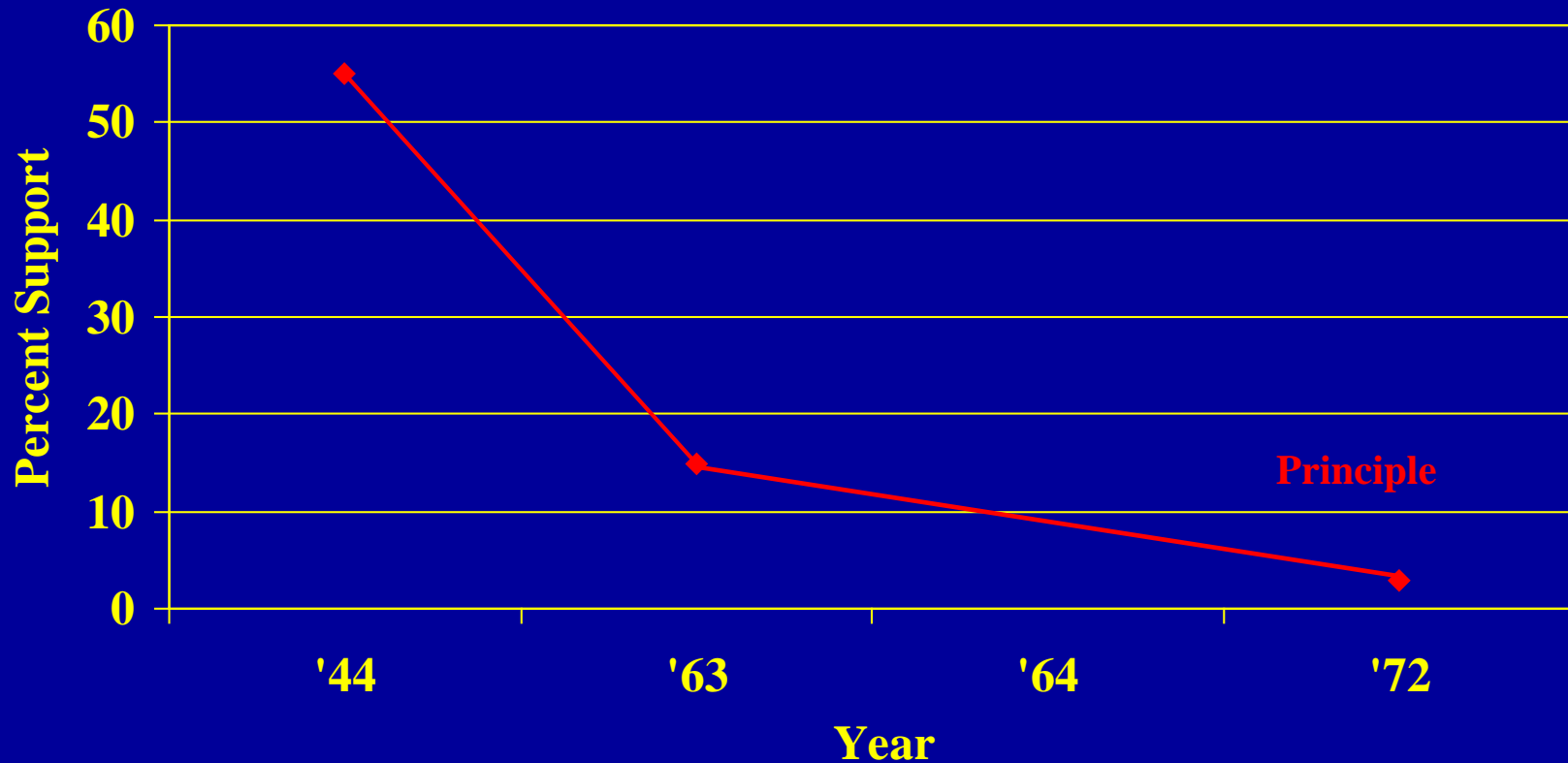
Principle vs. Implementation in Housing



Principle: Whites have right to keep Blacks out of neighborhood

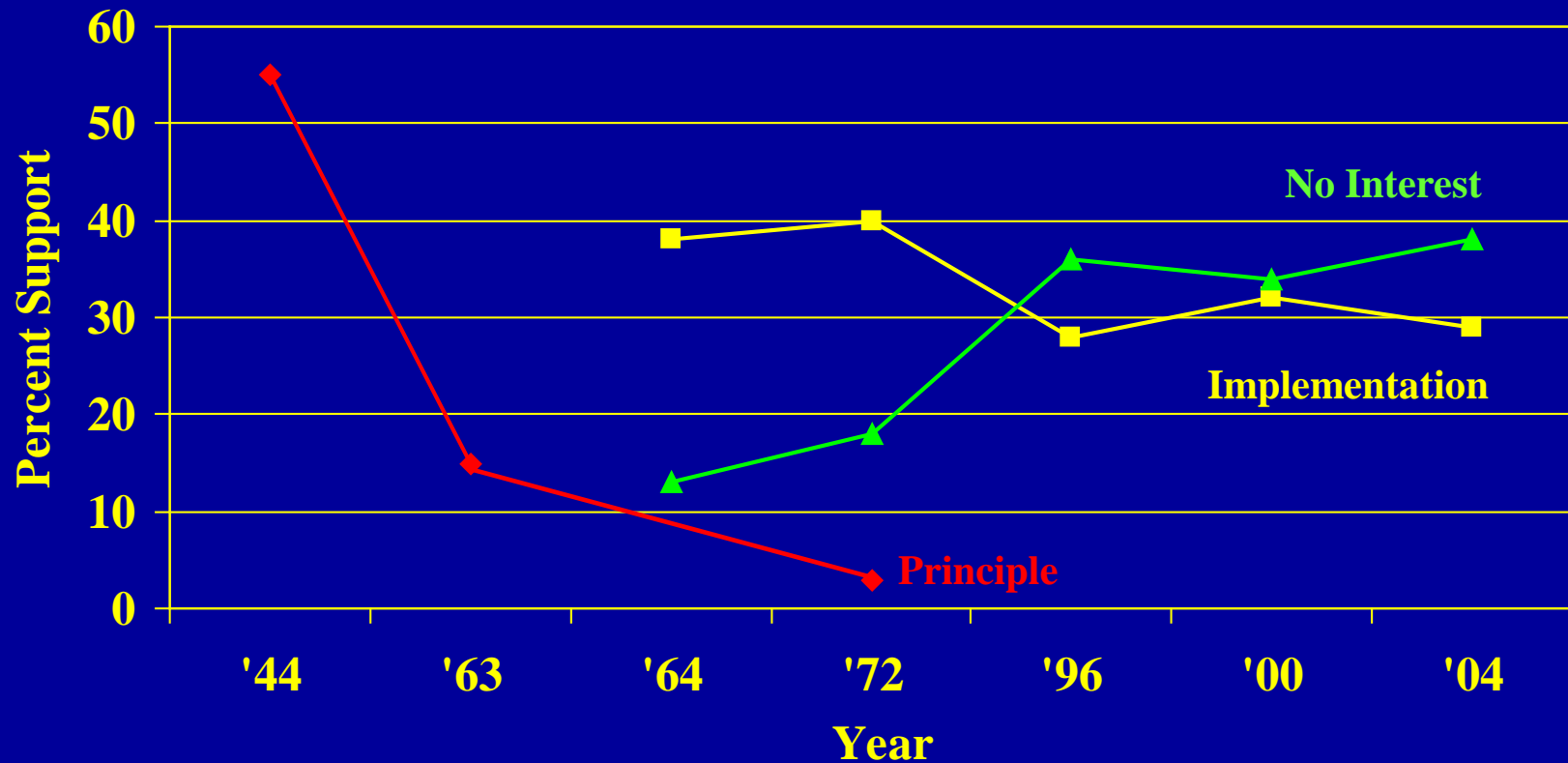
Implementation: Would support law to let homeowners discriminate

Principle vs. Implementation in Employment



Principle: Whites should have first chance at any job

Principle vs. Implementation in Employment



Principle: Whites should have first chance at any job

Implementation: Government should ensure no discrimination in jobs

Discrimination Persists

- Pairs of young, well-groomed, well-spoken college men with identical resumes apply for 350 advertised entry-level jobs in Milwaukee, Wisconsin. Two teams were black and two were white. In each team, one said that he had served an 18-month prison sentence for cocaine possession.
- The study found that it was easier for a white male with a felony conviction to get a job than a black male whose record was clean.

Percent of Job Applicants Receiving a Callback

Criminal Record	White	Black
No	34%	14%
Yes	17%	5%

Source: Devan Pager; NYT March 20, 2004

Racism and Health: Mechanisms

- Institutional discrimination can restrict socioeconomic attainment and group differences in SES and health.
 - Segregation can create pathogenic residential conditions.
 - Discrimination can lead to reduced access to desirable goods and services.
 - Internalized racism (acceptance of society's negative characterization) can adversely affect health.
 - Racism can create conditions that increase exposure to traditional stressors (e.g. unemployment).
 - Experiences of discrimination may be a neglected psychosocial stressor.
-

Racial Segregation Is ...

1. **Myrdal (1944): ..."basic" to understanding racial inequality in America.**
 2. **Kenneth Clark (1965): ...key to understanding racial inequality.**
 3. **Kerner Commission (1968): ...the "linchpin" of U.S. race relations and the source of the large and growing racial inequality in SES.**
 4. **John Cell (1982): ..."one of the most successful political ideologies" of the last century and "the dominant system of racial regulation and control" in the U.S.**
 5. **Massey and Denton (1993): ..."the key structural factor for the perpetuation of Black poverty in the U.S." and the "missing link" in efforts to understand urban poverty.**
-

African American Segregation: History-I

- Segregation = the physical separation of the races by enforced residence in different areas.
- It emerged most aggressively in the developing industrial urban centers of the South and, as Blacks migrated to the North, it ensured that whites were protected from residential proximity to blacks.
- In both northern and southern cities, levels of black-white segregation increased dramatically between 1860 and 1940 and have remained strikingly stable since then.

African American Segregation: History-II

Segregation was

- **imposed by legislation,**
- **supported by major economic institutions,**
- **enshrined in the housing policies of the federal government,**
- **enforced by the judicial system and vigilant neighborhood organizations,**
- **and legitimized by the ideology of white supremacy that was advocated by the church and other cultural institutions**

Segregation in the 2000 Census

- Dissimilarity index declined from .70 in 1990 to .66 in 2000
- Decline due to blacks moving to white census tracts
- Segregation declined most in small growing cities where the percentage of blacks is small
- Between 1990 and 2000, number of census tracts where over 80% of the population was black remained constant
- The decline in segregation has had no impact on a) very high percentage black census tracts, b) the residential isolation of most African Americans, and c) the concentration of urban poverty.

How Segregation Can Affect Health

1. Segregation determines SES by affecting quality of education and employment opportunities.
2. Segregation can create pathogenic neighborhood and housing conditions.
3. Conditions linked to segregation can constrain the practice of health behaviors and encourage unhealthy ones.
4. Segregation can adversely affect access to medical care and to high-quality care.

Segregation and Employment

- Exodus of low-skilled, high-pay jobs from segregated areas: "spatial mismatch" and "skills mismatch"
- Facilitates individual discrimination based on race and residence
- Facilitates institutional discrimination based on race and residence

Race and Job Loss

Economic Downturn of 1990-1991

Racial Group	Net Gain or Loss
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BLACKS	59,479 LOSS
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WHITES	71,144 GAIN
---------------	--------------------

ASIANS	55,104 GAIN
---------------	--------------------

HISPANICS	60,040 GAIN
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Source : *Wall Street Journal* analysis of EEOC reports of 35,242 companies

Race and Job Loss

Percent Black

Company	Work Force	Losses	Reason
Sears	16	54	Closed distribution centers in inner-cities; relocated to suburbs
Pet	14	35	Two Philadelphia plants shutdown
Coca-Cola	18	42	Reduced blue-collar workforce
American Cyanamid	11	25	Sold two facilities in the South
Safeway	9	16	Reduced part-time work; more suburban stores

Residential Segregation and SES

A study of the effects of segregation on young African American adults found that the elimination of segregation would erase black-white differences in

- Earnings
- High School Graduation Rate
- Unemployment

And reduce racial differences in single motherhood by two-thirds

Segregation and Neighborhood Quality

- ↓ Municipal services (transportation, police, fire, garbage)
- ↓ Purchasing power of income (poorer quality, higher prices).
- ↓ Access to Medical Care (primary care, hospitals, pharmacies)
- ↑ Personal and property crime
- ↑ Environmental toxins
- ↑ Abandoned buildings, commercial and industrial facilities

Segregation and Housing Quality

↑ Crowding

↑ Sub-standard housing

↑ Noise levels

↑ Environmental hazards (lead, pollutants, allergens)

↓ Ability to regulate temperature

Segregation and Health Behaviors

- ↓ Recreational facilities (playgrounds, swimming pools)
- ↑ Marketing and outlets for tobacco, alcohol, fast foods
- ↑ Exposure to stress (violence, financial stress, family separation, chronic illness, death, and family turmoil)



Segregation and Medical Care -I

- Pharmacies in segregated neighborhoods are less likely to have adequate medication supplies (Morrison et al. 2000)
 - Hospitals in black neighborhoods are more likely to close (Buchmueller et al 2004; McLafferty, 1982; Whiteis, 1992).
 - MDs are less likely to participate in Medicaid in racially segregated areas. Poverty concentration is unrelated to MD Medicaid participation (Greene et al. 2006)
-



Segregation and Medical Care -II

- Blacks are more likely than whites to reside in areas (segregated) where the quality of care is low (Baicker, et al 2004).
 - African Americans receive most of their care from a small group of physicians who are less likely than other doctors to be board certified and are less able to provide high quality care and referral to specialty care (Bach, et al. 2004).
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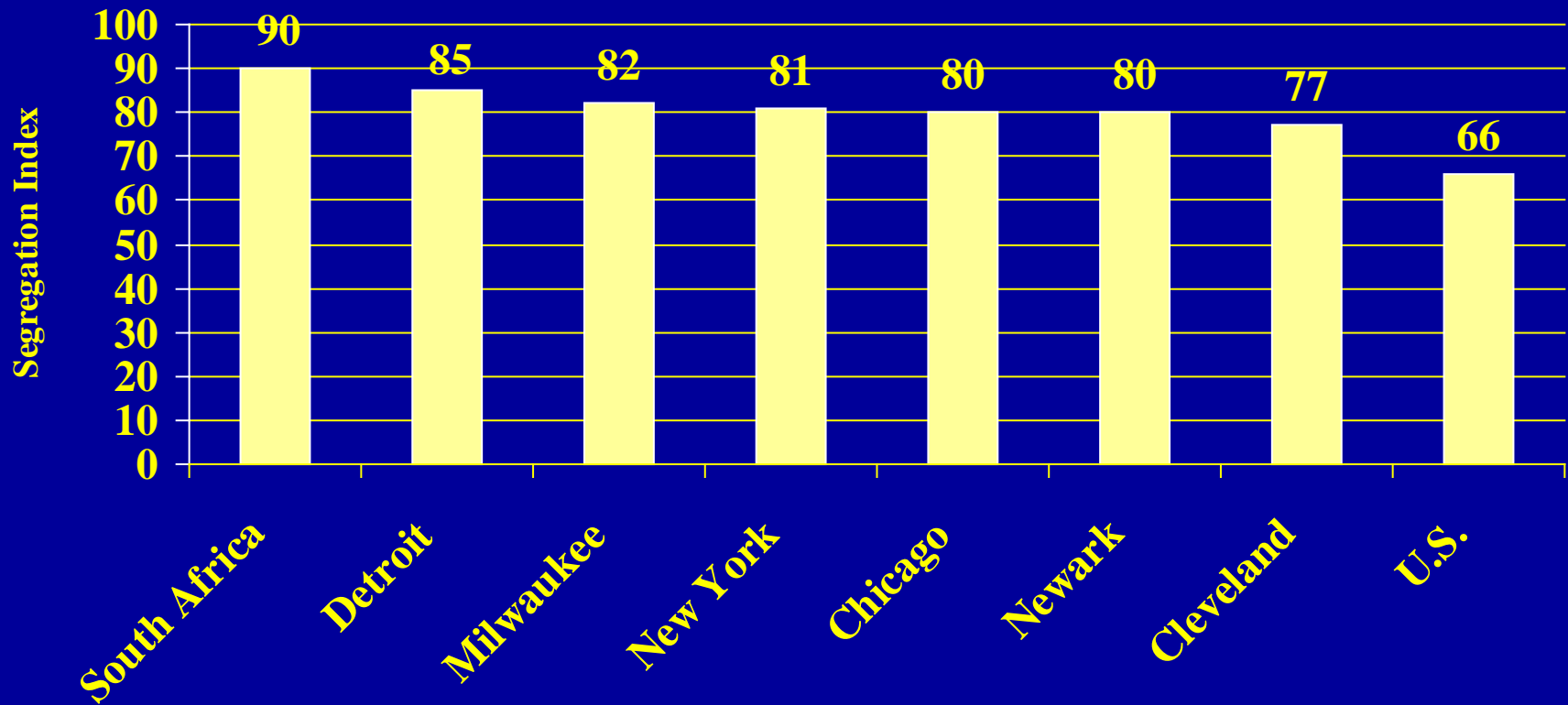
Racial Differences in Residential Environment

- In the 171 largest cities in the U.S., there is not even one city where whites live in ecological equality to blacks in terms of poverty rates or rates of single-parent households.
- “The worst urban context in which whites reside is considerably better than the average context of black communities.”
p.41

Segregation: Distinctive for Blacks

- Blacks are more segregated than any other group
- Segregation varies by income for Latinos & Asians, but high at all levels of income for blacks.
- Wealthiest blacks ($> \$50K$) are more segregated than the poorest Latinos & Asians ($< \$15,000$).
- Middle class blacks live in poorer areas than whites of similar SES and poor whites live in better areas than poor blacks.
- Blacks show a higher preference for residing in integrated areas than any other group.

American Apartheid: South Africa (de jure) in 1991 & U.S. (de facto) in 2000

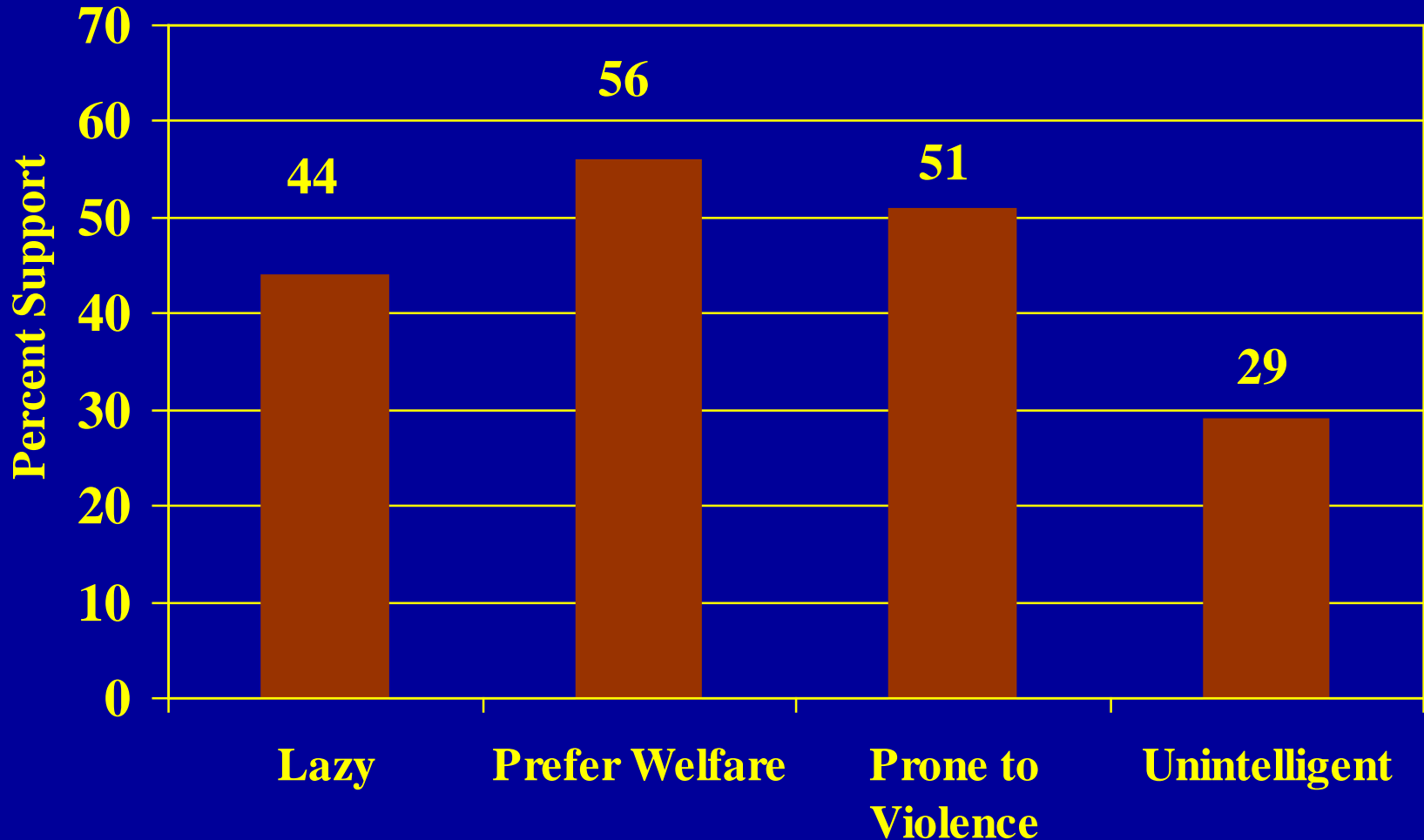


Source: Massey 2004; Iceland et al. 2002; Glaeser & Vigitor 2001

Persistence of Negative Racial Stereotypes:

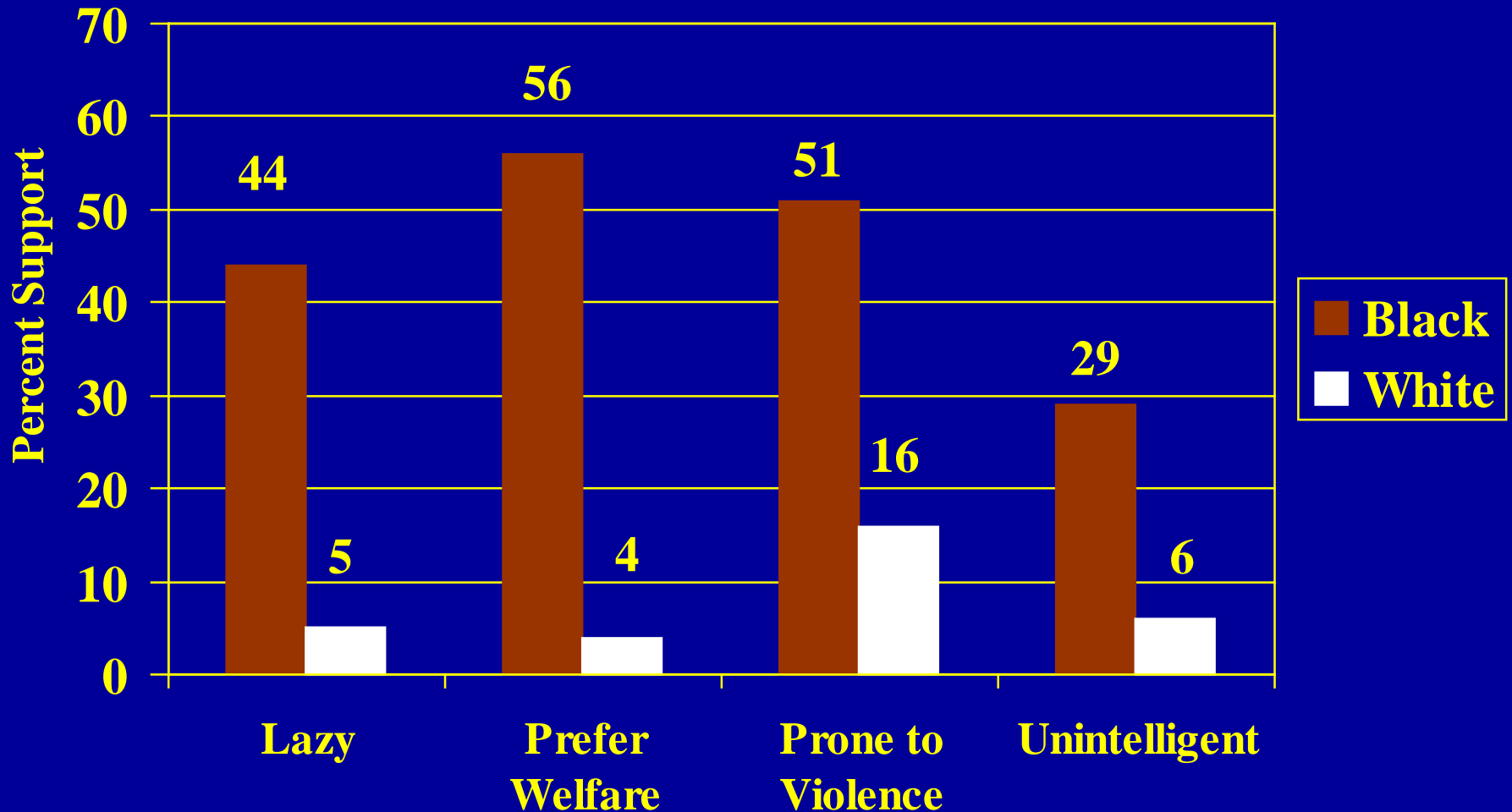
**Undergirding the persistence of multiple
forms of racism**

Percent of Whites Agreeing that Blacks are

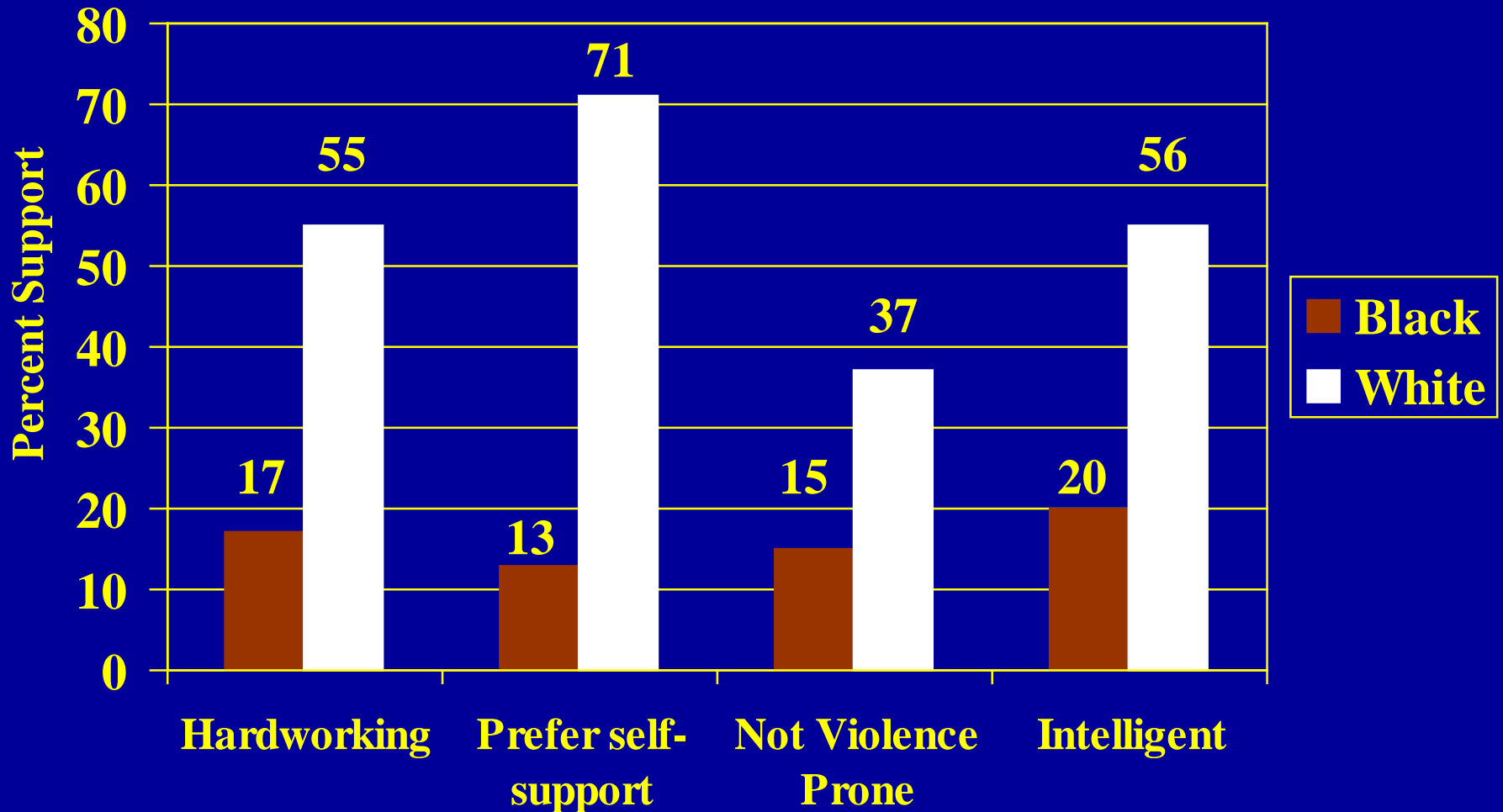


General Social Survey (Davis and Smith), 1990

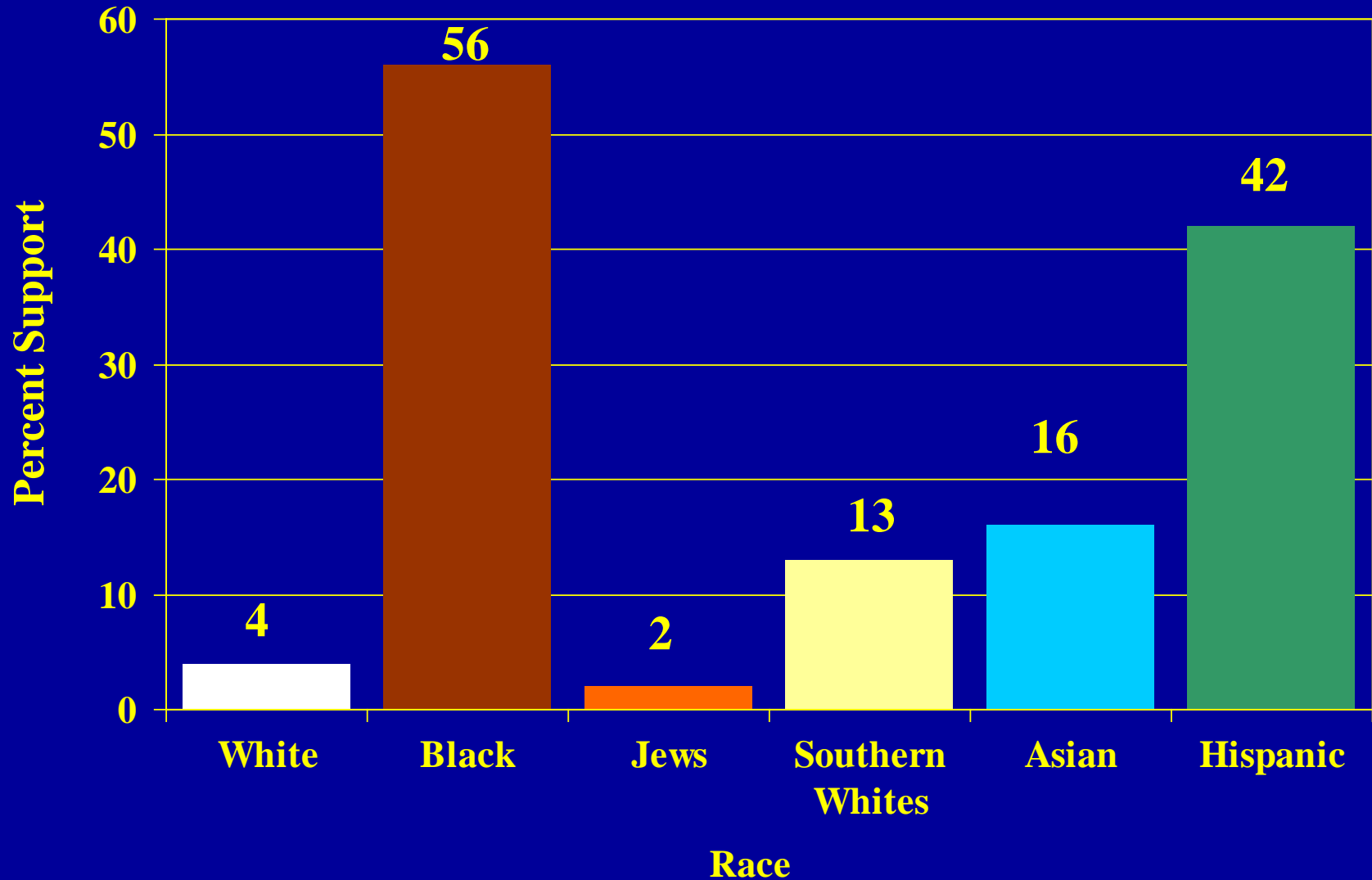
Percent of Whites Agreeing that Blacks and Whites are



Percent of Whites Agreeing that Blacks and Whites are



Percent of Whites Agreeing that Group Prefers to Live Off Welfare



Employers' Perception of Workers

Inner-City Connoted

*Black *Lacking Values

*Poor *Unskilled

*Crime *Uneducated

*Drugs *Gangs

*Stable Families

Employer's Perceptions of Workers

Suburb Connoted:

*White

*Middle-class

*Educated

*Skilled

*Stable Families

Employers' Perception of Inner-City Blacks

Characteristic	Percent
Lack of Basic Skill	50.4
Lack of Work Ethic	47.2
Lack of Dependability	32.8
Bad Attitudes	37.8

Source : Kirschenman and Neckerman 1991

Perceptions of Black Workers

“It’s unfortunate, but, ...[black men] tend to be known to be dishonest. I think that’s too bad but that’s the image they have...an image problem of being dishonest men and lazy. They’re known to be lazy. They are [laughs]. I hate to tell you, but. It’s all an image though. Whether they are or not, I don’t know.” Suburban Employer

Segregation and Economic Stress

Poor persons from disadvantaged racial/ethnic backgrounds are poorer than the white poor

Race/Ethnicity and Wealth, 2000

Median Net Worth

Income	White	Black	Hispanic
All	\$79,400	\$7,500	\$9,750
Excl. Hm. Eq.	22,566	1,166	1,850
Poorest 20%	24,000	57	500
2nd Quintile	48,500	5,275	5,670
3rd Quintile	59,500	11,500	11,200
4th Quintile	92,842	32,600	36,225
Richest 20%	208,023	65,141	73,032

Source: Orzechowski & Sepielli 2003, U.S. Census

Wealth of Whites and of Minorities per \$1 of Whites, 2000

Household Income	White	B/W Ratio	Hisp/W Ratio
Total	\$ 79,400	9¢	12¢
Poorest 20%	\$ 24,000	1¢	2¢
2nd Quintile	\$ 48,500	11¢	12¢
3rd Quintile	\$ 59,500	19¢	19¢
4th Quintile	\$ 92,842	35¢	39¢
Richest 20%	\$ 208,023	31¢	35¢

Source: Orzechowski & Sepielli 2003, U.S. Census

Race and Economic Hardship, 1995

African Americans were more likely than whites to experience the following hardships ¹:

- 1. Unable to meet essential expenses**
- 2. Unable to pay full rent on mortgage**
- 3. Unable to pay full utility bill**
- 4. Had utilities shut off**
- 5. Had telephone shut off**
- 6. Evicted from apartment**

¹ After adjustment for income, education, employment status, transfer payments, home ownership, gender, marital status, children, disability, health insurance and residential mobility.

Internalized Racism:

**Acceptance of society's negative
characterization can adversely affect health**

Internalized Racism and Health (Jerome Taylor and Colleagues)

**A high score on internalized racism
was related to:**

- 1. Higher consumption of alcohol**
 - 2. Higher levels of psychological distress**
 - 3. Higher levels of depressive symptoms**
-

Unequal Access:

**Discrimination can lead to
reduced access to desirable goods
and services.**

Unequal Treatment

- Across virtually every therapeutic intervention, ranging from high technology procedures to the most elementary forms of diagnostic and treatment interventions, minorities receive fewer procedures and poorer quality medical care than whites.
- These differences persist even after differences in health insurance, SES, stage and severity of disease, co-morbidity, and the type of medical facility are taken into account.
- Moreover, they persist in contexts such as Medicare and the VA Health System, where differences in economic status and insurance coverage are minimized.

Ethnicity and Analgesia

A chart review of 139 patients with isolated long-bone fracture at UCLA Emergency Department (ED):

- All patients aged 15 to 55 years, had the injury within 6 hours of ER visit, had no alcohol intoxication.**
- 55% of Hispanics received no analgesic compared to 26% of non-Hispanic whites.**
- With simultaneous adjustment for sex, primary language, insurance status, occupational injury, time of presentation, total time in ED, fracture reduction and hospital admission, Hispanic ethnicity was the strongest predictor of no analgesia.**
- After adjustment for all factors, Hispanics were 7.5 times more likely than non-Hispanic whites to receive no analgesia.**

Unconscious Discrimination

- **When one holds a negative stereotype about a group and meets someone who fits the stereotype s/he will discriminate against that individual**
 - **Stereotype-linked bias is an**
 - **Automatic process**
 - **Unconscious process**
 - **It occurs even among persons who are not prejudiced**
-

Generalizability of Unconscious Bias

- An important characteristic of social interaction across a broad range of cultures and societies where individuals are characterized into social groups
 - In the U.S., race, sex and age are the three primary characteristics of individuals that are attended to across a broad range of social contexts
-

Perceived Discrimination:

Experiences of discrimination are a neglected psychosocial stressor

“..Discrimination is a hellhound that gnaws at Negroes in every waking moment of their lives declaring that the lie of their inferiority is accepted as the truth in the society dominating them.”

Martin Luther King, Jr. [1967]

Recent Review

- 115 studies in PubMed between 2005 and 2007
- Broader outcomes (fibroids, breast cancer incidence, Hb A1c, CAC, stage 4 sleep, birth weight, sexual problems)
- Studies of effects of bias on health care seeking and adherence behaviors
- Some longitudinal data
- Attention to the severity and course of disease
- International studies:
 - national: New Zealand, Sweden, & South Africa
 - Australia, Canada, Denmark, the Netherlands, Norway, Spain, Bosnia, Croatia, Austria, Hong Kong, and the U.K.
- Discrimination accounts, in part, for racial/ethnic disparities in health

Every Day Discrimination

In your day-to-day life how often do the following things happen to you?

- You are treated with less courtesy than other people.
 - You are treated with less respect than other people.
 - You receive poorer service than other people at restaurants or stores.
 - People act as if they think you are not smart.
 - People act as if they are afraid of you.
 - People act as if they think you are dishonest.
 - People act as if they're better than you are.
 - You are called names or insulted.
 - You are threatened or harassed.
-

Everyday Discrimination and Subclinical Disease

In the study of Women's Health Across the Nation
(SWAN):

- Everyday Discrimination was positively related to subclinical carotid artery disease (IMT; intima-media thickness) for black but not white women
- chronic exposure to discrimination over 5 years was positively related to coronary artery calcification (CAC)

Arab American Birth Outcomes

- Well-documented increase in discrimination and harassment of Arab Americans after 9/11/2001
- Arab American women in California had an increased risk of low birthweight and preterm birth in the 6 months after Sept. 11 compared to pre-Sept. 11
- Other women in California had no change in birth outcome risk pre-and post-September 11

Time for Action

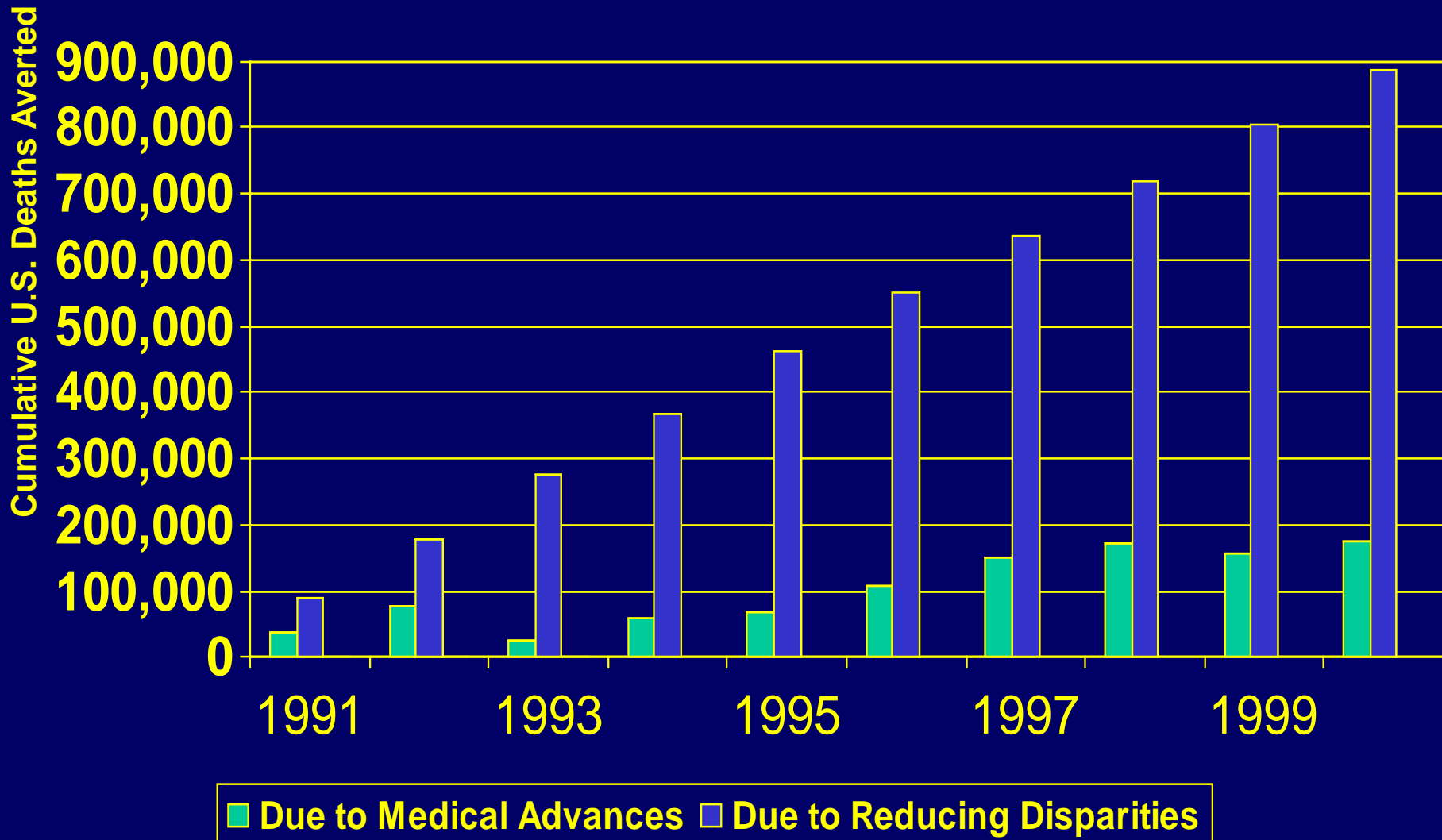
**Racial Disparities in health are
really costly to our society**

Medical Advances Vs. Disparities, 1991 - 2000

- ❖ 176,633 deaths averted due to declines in mortality
- ❖ Assume all the decline is due to medical advances

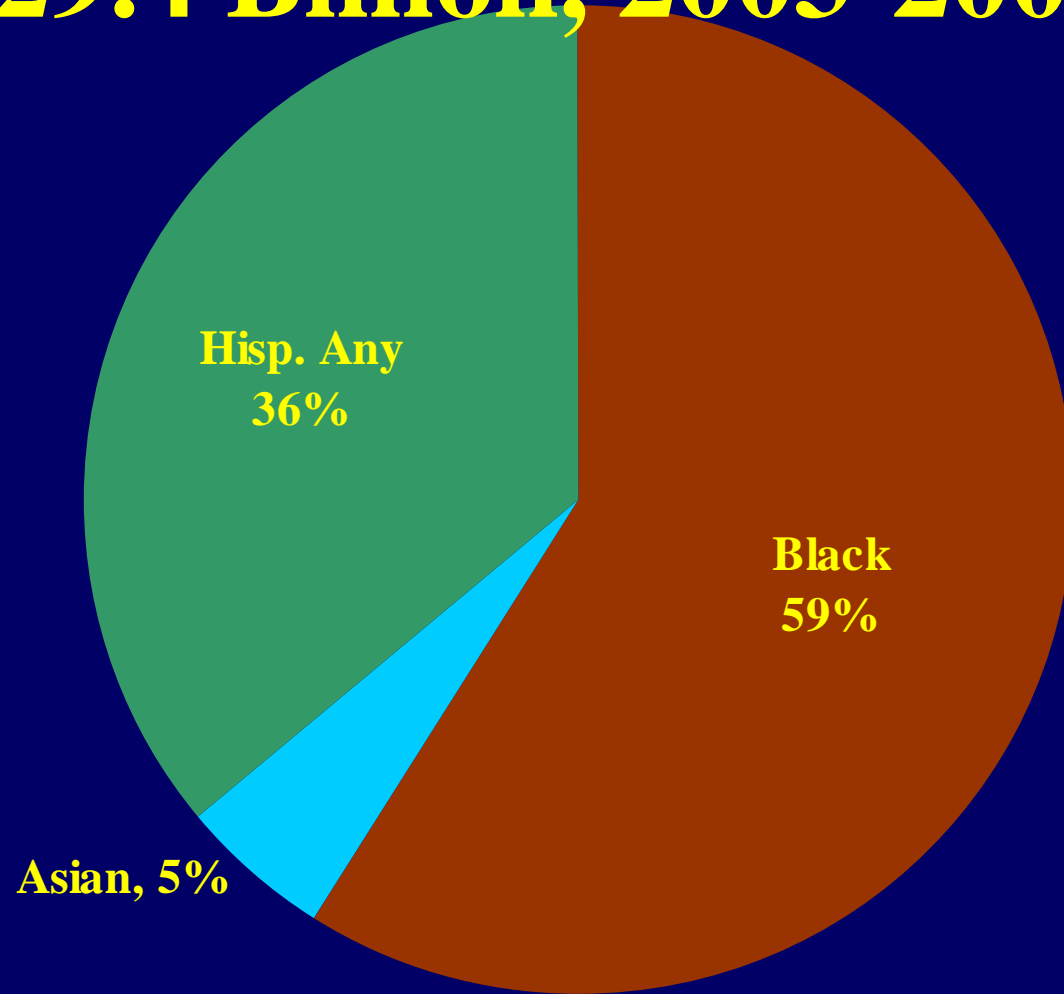
- ❖ If the death rates of blacks and whites were identical, 886,202 deaths would have been averted
- ❖ 5 deaths could be averted by reducing disparities for every life saved by medical advances
- ❖ Eliminating disparities in health would save more lives than current advances in medical technology

Medical Advances Vs. Disparities, 1991- 2000



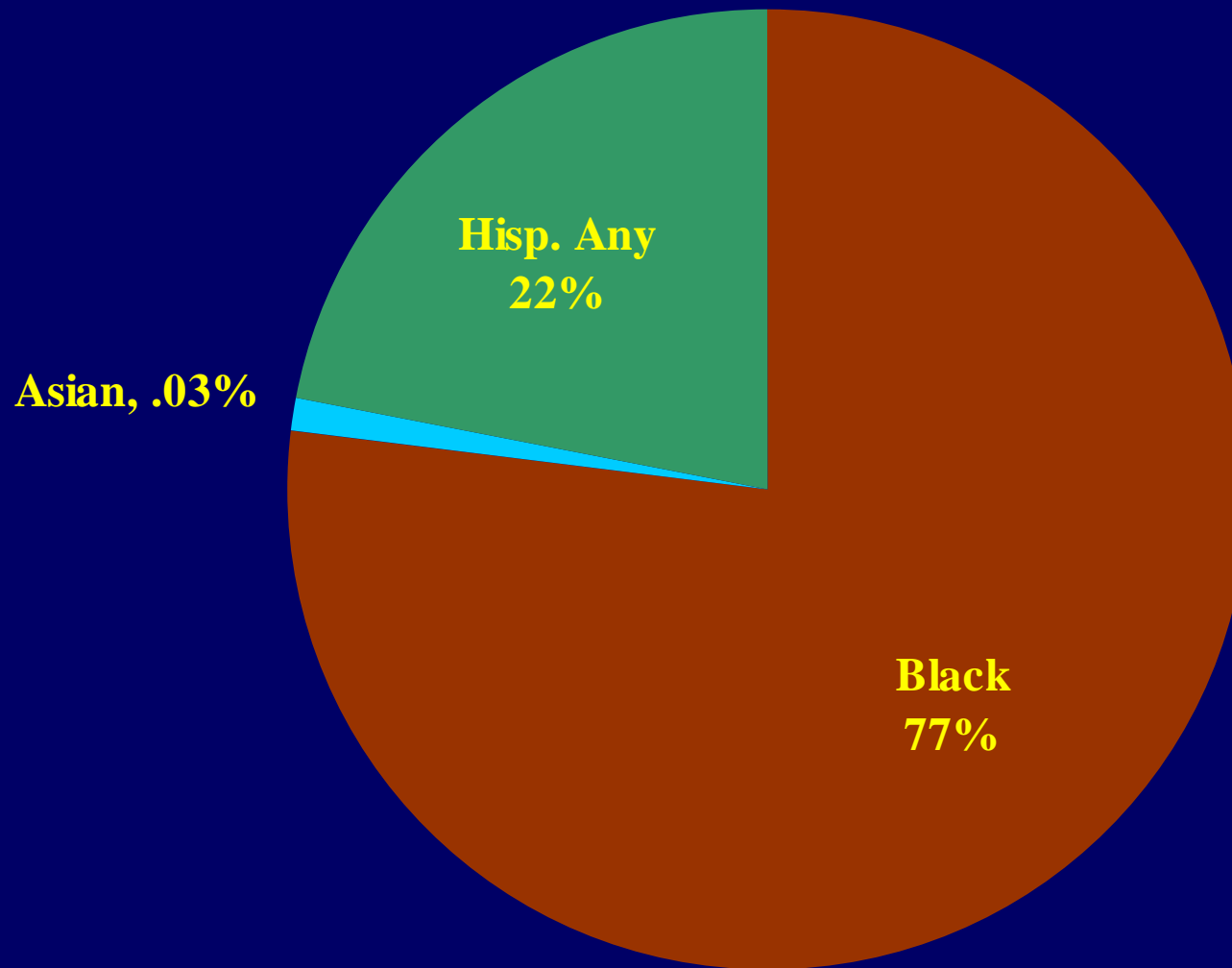
Medical Care Costs of Racial Disparities:

~~\$229.4 Billion, 2003-2006~~



Indirect Costs of Racial Disparities: \$1.008 Trillion, 2003-2006

Costs of lower worker productivity and premature death



Total Costs of Racial Disparities

- \$1.24 Trillion, 2003-2006
- More than the Gross Domestic Product of India (world's 12th largest economy in 2008)
- \$309.3 Billion annual loss to the economy
- Social Justice can be cost effective
- Doing nothing has a cost that we should not continue to bear

Conclusions

1. Racial disparities in health are large, pervasive and persistent over time.
 2. Inequalities in health are created by larger inequalities in society, of which racism is one determinant.
 3. Racial differences in health reflect the successful implementation of social policies. Eliminating them requires political will and commitment to implement new strategies to improve living and working conditions.
 4. Eliminating disparities in health requires (1) acknowledging and documenting the health consequences of racism, and (2) efforts to ameliorate their negative effects, dismantle the structures of racism and/or establish countervailing influences to the pervasive processes of racism.
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A Call to Action

“The only thing necessary for the triumph [of evil] is for good men to do nothing.”

Edmund Burke, Irish Philosopher