Racism and Health: Understanding Multiple Pathways

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Professor of African & African American Studies and of Sociology
Harvard University
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.
Life Expectancy Lags, 1950-2006

Murphy, NVSS 2000; Braveman et al. in Press, NLMS 1988-1998
Diabetes Death Rates 1955-1995

Source: Indian Health Service; Trends in Indian Health 1998-99
# SAT Scores by Income

<table>
<thead>
<tr>
<th>Family Income</th>
<th>Median Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than $100,000</td>
<td>1129</td>
</tr>
<tr>
<td>$80,000 to $100,000</td>
<td>1085</td>
</tr>
<tr>
<td>$70,000 to $80,000</td>
<td>1064</td>
</tr>
<tr>
<td>$60,000 to $70,000</td>
<td>1049</td>
</tr>
<tr>
<td>$50,000 to $60,000</td>
<td>1034</td>
</tr>
<tr>
<td>$40,000 to $50,000</td>
<td>1016</td>
</tr>
<tr>
<td>$30,000 to $40,000</td>
<td>992</td>
</tr>
<tr>
<td>$20,000 to $30,000</td>
<td>964</td>
</tr>
<tr>
<td>$10,000 to $20,000</td>
<td>920</td>
</tr>
<tr>
<td>Less than $10,000</td>
<td>873</td>
</tr>
</tbody>
</table>

Source: (ETS) Mantsios; N=898,596
Percentage of College Grad+ by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>27</td>
</tr>
<tr>
<td>Black</td>
<td>14.3</td>
</tr>
<tr>
<td>AmI/AN</td>
<td>11.5</td>
</tr>
<tr>
<td>NH/PI</td>
<td>13.8</td>
</tr>
<tr>
<td>Asian</td>
<td>44.1</td>
</tr>
<tr>
<td>Hisp. Any</td>
<td>10.4</td>
</tr>
</tbody>
</table>

U.S. Census 2000
Percentage of Persons in Poverty

Race/Ethnicity

<table>
<thead>
<tr>
<th>Race</th>
<th>Poverty Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>9.3</td>
</tr>
<tr>
<td>Black</td>
<td>25.3</td>
</tr>
<tr>
<td>AmI/AN</td>
<td>26.6</td>
</tr>
<tr>
<td>NH/PI</td>
<td>16.1</td>
</tr>
<tr>
<td>Asian</td>
<td>10.7</td>
</tr>
<tr>
<td>Hisp. Any</td>
<td>21.5</td>
</tr>
<tr>
<td>2+ races</td>
<td>16.8</td>
</tr>
</tbody>
</table>

U.S. Census 2006
Racial/Ethnic Composition of People in Poverty in the U.S.

- White: 46.1%
- Black: 23.1%
- AmI/AN: 1.6%
- NH/PI: 0.17%
- Asian: 3.6%
- 2+ races: 2.6%
- Hisp. Any: 23.9%

U.S. Census 2006
Relative Risk of Premature Death by Family Income (U.S.)

Family Income in 1980 (adjusted to 1999 dollars)

9-year mortality data from the National Longitudinal Mortality Survey
Life Expectancy At Age 25, 1998

<table>
<thead>
<tr>
<th>Group</th>
<th>White</th>
<th>Black</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>53.4</td>
<td>48.4</td>
<td>5.0</td>
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Murphy, NVSS 2000; Braveman et al. in Press, NLMS 1988-1998
## Life Expectancy At Age 25, 1998

<table>
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<tr>
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<tr>
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<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. 0-12 Years</td>
<td>50.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. 12 Years</td>
<td>54.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Some College</td>
<td>55.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. College Grad</td>
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<td></td>
</tr>
<tr>
<td>Difference</td>
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# Life Expectancy At Age 25, 1998

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<tr>
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<td>49.9</td>
<td>4.2</td>
</tr>
<tr>
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Murphy, NVSS 2000; Braveman et al. in Press, NLMS 1988-1998
Infant Death Rates by Mother’s Education, 1995

Deaths per 1,000 population

<High School  High School  Some College  College grad. +

Education

B/W Ratio

White  Black  B/W Ratio

Deaths per 1,000 population range from 0 to 20, and the B/W Ratio ranges from 0 to 3.
Understanding Elevated Health Risks

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

Krieger, 1994
Principle vs. Implementation in Housing

Principle: Whites have right to keep Blacks out of neighborhood

Schuman et al. 1997
Principle vs. Implementation in Housing

Principle: Whites have right to keep Blacks out of neighborhood

Implementation: Would support law to let homeowners discriminate

Schuman et al. 1997
Principle vs. Implementation in Employment

Principle: Whites should have first chance at any job

Schuman et al. 1997
Principle: Whites should have first chance at any job

Implementation: Government should ensure no discrimination in jobs

Schuman et al. 1997; Krysan et al Update
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.

Source: Devan Pager; NYT March 20, 2004
### Percent of Job Applicants Receiving a Callback

<table>
<thead>
<tr>
<th>Criminal Record</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>34%</td>
<td>14%</td>
</tr>
<tr>
<td>Yes</td>
<td>17%</td>
<td>5%</td>
</tr>
</tbody>
</table>

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.
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.

Sources: Cell, 1982; Lieberson, 1980; Massey & Denton, 1993.
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

Sources: Cell, 1982; Lieberson, 1980; Massey & Denton, 1993.
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.

Source: Glaeser & Vigdor, 2001
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.

Source: Williams & Collins, 2001
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

<table>
<thead>
<tr>
<th>Racial Group</th>
<th>Net Gain or Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLACKS</td>
<td>59,479 LOSS</td>
</tr>
<tr>
<td>WHITES</td>
<td>71,144 GAIN</td>
</tr>
<tr>
<td>ASIANS</td>
<td>55,104 GAIN</td>
</tr>
<tr>
<td>HISPANICS</td>
<td>60,040 GAIN</td>
</tr>
</tbody>
</table>

Source: *Wall Street Journal* analysis of EEOC reports of 35,242 companies
# Race and Job Loss

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

*Source: Sharpe, 1993: Wall Street Journal*
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

Cutler, Glaeser & Vigdor, 1997
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).
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

Source: Sampson & Wilson 1995
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.

Source: Massey 2004
American Apartheid:

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

- Lazy: 44%
- Prefer Welfare: 56%
- Prone to Violence: 51%
- Unintelligent: 29%

General Social Survey (Davis and Smith), 1990
Percent of Whites Agreeing that Blacks and Whites are

General Social Survey (Davis and Smith), 1990
Percent of Whites Agreeing that Blacks and Whites are

Hardworking
- Black: 17%
- White: 55%

Prefer self-support
- Black: 13%
- White: 71%

Not Violence Prone
- Black: 15%
- White: 37%

Intelligent
- Black: 20%
- White: 56%

General Social Survey (Davis and Smith), 1990
Percent of Whites Agreeing that Group Prefers to Live Off Welfare

<table>
<thead>
<tr>
<th>Race</th>
<th>Percent Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>4</td>
</tr>
<tr>
<td>Black</td>
<td>56</td>
</tr>
<tr>
<td>Jews</td>
<td>2</td>
</tr>
<tr>
<td>Southern Whites</td>
<td>13</td>
</tr>
<tr>
<td>Asian</td>
<td>16</td>
</tr>
<tr>
<td>Hispanic</td>
<td>42</td>
</tr>
</tbody>
</table>

General Social Survey (Davis and Smith), 1990
Employers’ Perception of Workers

Inner-City Connoted

*Black  *Lacking Values
*Poor   *Unskilled
*Crime  *Uneducated
*Drugs  *Gangs

*Stable Families

Source: Kirschenman and Neckerman 1991
Employer’s Perceptions of Workers

Suburb Connoted:

* White
* Middle-class
* Educated
* Skilled
* Stable Families

Source: Kirschenman and Neckerman 1991
## Employers’ Perception of Inner-City Blacks

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Basic Skill</td>
<td>50.4</td>
</tr>
<tr>
<td>Lack or Work Ethic</td>
<td>47.2</td>
</tr>
<tr>
<td>Lack of Dependability</td>
<td>32.8</td>
</tr>
<tr>
<td>Bad Attitudes</td>
<td>37.8</td>
</tr>
</tbody>
</table>

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

Source: Kirschenman and Neckerman 1991
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

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

Source: Orzechowski & Sepilelli 2003, U.S. Census
## Wealth of Whites and of Minorities per $1 of Whites, 2000

<table>
<thead>
<tr>
<th>Household Income</th>
<th>White</th>
<th>B/W Ratio</th>
<th>Hisp/W Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$79,400</td>
<td>9¢</td>
<td>12¢</td>
</tr>
<tr>
<td>Poorest 20%</td>
<td>$24,000</td>
<td>1¢</td>
<td>2¢</td>
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<td>35¢</td>
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*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.

Bauman 1998; SIPP
Internalized Racism:

Acceptance of society’s negative characterization can adversely affect health
Internalized Racialism and Health
(Jerome Taylor and Colleagues)

A high score on internalized racialism 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.

Institute of Medicine, 2003
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.

Todd, et al. 1993
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

Williams & Mohammed, J Behav Med, 2009
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)

Troxel et al. 2003; Lewis et al. 2006
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

Lauderdale, 2006
Time for Action

Racial Disparities in health are really costly to our society

- 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

Woolf, S. et al 2004, AJPH

Cumulative U.S. Deaths Averted

Due to Medical Advances

Due to Reducing Disparities

Woolf, S. et al 2004, AJPH
Medical Care Costs of Racial Disparities:
$229.4 Billion, 2003-2006

- Black: 59%
- Hispanic Any: 36%
- Asian: 5%

LaVeist et al. 2009, Joint Center 2008 Constant Dollars
Indirect Costs of Racial Disparities: $1.008 Trillion, 2003-2006

Costs of lower worker productivity and premature death

- Black: 77%
- Hispanic: 22%
- Asian: 0.3%

LaVeist et al. 2009, Joint Center 2008 Constant Dollars
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

LaVeist et al. 2009, Joint Center
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.
A Call to Action

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

Edmund Burke, Irish Philosopher