This presentation was part of the Genesee County Health Department’s 2012 Public Health Week Conference, Community Based Public Health, on April 3, 2012 in Flint, Michigan.

Addressing Health Equity: Addressing racism as a threat to the health and well-being of our nation.

Speaker:
Camara Jones, MD, MPH, PhD
Achieving Health Equity

Addressing racism as a threat to the health and well-being of our nation

Camara Phyllis Jones, MD, MPH, PhD
Social Determinants of Health and Equity
Genesee County Health Department
2012 Public Health Week Conference
April 3, 2012

The findings and conclusions in this presentation are those of the author, and do not necessarily represent the official position of the U.S. Centers for Disease Control and 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 health

Primary prevention

Safety net programs and secondary prevention

Medical care and tertiary prevention
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?

3 dimensions of health intervention
3 dimensions of health intervention

Health services

Addressing social determinants of health

Determinants of health

Individual behaviors

Social determinants of health (contexts)

Determinants of health and illness that are outside of the individual

Beyond genetic predispositions

Beyond individual behaviors
Determinants of health

**Social determinants of health (contexts)**

- Beyond genetic predispositions
- Beyond individual behaviors

**Individual behaviors**

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

---

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

---

The contexts in which individual behaviors arise
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

Social determinants of health (contexts)
Individual behaviors

Social determinants of health (contexts)
Individual behaviors
Societal determinants of context

Social determinants of health (contexts)

Individual behaviors

Determine the range of observed contexts

Include capitalism, racism, and other systems of power

Determine the distribution of different populations into those contexts
Determine the range of observed contexts

Determine the distribution of different populations into those contexts

Include capitalism, racism, and other systems of power

Social determinants of health (context)

Individual behavior

The social determinants of equity

Determinants of health

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

Why racism?

- To eliminate racial disparities in health, need examine fundamental causes
  - “Race” is only a rough proxy for social class, 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 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

• 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 social class and “race”

Personally-mediated racism

- Differential assumptions about the abilities, motives, and intents of others, by “race”

- Differential actions based on those assumptions

- 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
  - “Could racism be operating here?”
  - Routinely monitor opportunities as well as outcomes by “race”

- Identify mechanisms
  - “How is racism operating here?”
  - Structures: the who?, what?, when?, and where? of decision making
  - Policies: the written how?
  - Practices and norms: the unwritten how?
  - Values: the why?


“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 2010 BRFSS

Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Kentucky, Massachusetts, Michigan, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, Ohio, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, Washington, 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
Socially-assigned “race”

- **On-the-street “race”** quickly and routinely assigned without benefit of queries about self-identification, ancestry, culture, or genetic endowment
- **Ad hoc racial classification**, an influential basis for interactions between individuals and institutions for centuries
- **Substrate upon which racism operates**


General health status

- Would you say that in general your health is:
  - Excellent
  - Very good
  - Good
  - Fair
  - Poor

Report excellent or very good health

- White: 58.3%
- Black: 40.7%
- Hispanic: 41.2%
- AIAN: 36.1%

5/2/2012
General health status by socially-assigned "race", 2004 BRFSS

- White: 58.2%
- Black: 44.7%
- Hispanic: 41.2%
- AIAN: 36.1%

- Report excellent or very good health
- Report fair or poor health

- 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>
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<td>White</td>
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<td>Black</td>
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percent of respondents
Report excellent or very good health
Hispanic-Hispanic Hispanic-White White-White

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

Test of H0: That there is no difference in proportions reporting excellent or very good health
Hispanic-Hispanic versus White-White
p < 0.0001

Hispanic-Hispanic versus Hispanic-White
p = 0.0019
percent of respondents report excellent or very good health

Hispanic-White versus White-White

p = 0.1895

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percent of respondents report excellent or very good health

Test of $H_0$: That there is no difference in proportions reporting excellent or very good health

AIAN-AIAN versus White-White

$p < 0.0001$

Test of $H_0$: That there is no difference in proportions reporting excellent or very good health

AIAN-AIAN versus AIAN-White

$p = 0.0122$
A general health status and "race" study shows that being perceived as White is associated with better health, even within non-White self-identified "race"/ethnic groups and within the same educational level. The test of H₀: that there is no difference in proportions reporting excellent or very good health AIAN-White versus White-White yields 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
  - 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-rated 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 we look (“race”), 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


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”
- Gender
- Ethnicity
- Labor roles and social class markers
- Nationality, language, and legal status
- Sexual orientation
- Disability status
- Geography
- Religion

These are risk markers, not risk factors
Achieving health equity

- "Health equity" is assurance of the conditions for optimal health for all people

- Achieving health equity requires
  - Valuing all individuals and populations equally
  - Recognizing and rectifying historical injustices
  - Providing resources according to need

- Health disparities will be eliminated when health equity is achieved

Source: Jones CP 2010, adapted from the National Partnership for Action to End Health Disparities.

ICERD: International Convention on the Elimination of all forms of Racial Discrimination

- International anti-racism treaty adopted by the UN General Assembly in 1965
  - http://www2.ohchr.org/english/law/cerd.htm

- US signed in 1966
- US ratified in 1994

- 2nd US report submitted to the UN Committee on the Elimination of Racial Discrimination (CERD) in 2007
  - http://www2.ohchr.org/english/bodies/cerd/docs/AdvanceVersion/cerd_c_usa6.doc

CERD Concluding Observations

- 14-page document (8 May 2008) available online

- Concerns and recommendations
  - Racial profiling (para 14)
  - Residential segregation (para 16)
  - Disproportionate incarceration (para 20)
  - Differential access to health care (para 32)
  - Achievement gap in education (para 34)
Our goal: To expand the conversation

Health services

Social determinants of health

Our tasks

- Put racism on the agenda
  - Name racism as a force determining the other social determinants of health
  - Routinely monitor for differential exposures and opportunities as well as 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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Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

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Resources

- **Race: The Power of a Illusion**
  - [California Newsreel](http://www.pbs.org/race)

- **Unnatural Causes: Is Inequality Making Us Sick?**
  - [California Newsreel](http://www.unnaturalcauses.org)

Resources

- **3rd World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance**
  - Convened by the United Nations in Durban, South Africa in 2001

- **RACE – Are We So Different?**
  - American Anthropological Association
  - [http://www.understandingrace.org/home.html](http://www.understandingrace.org/home.html)
Resources

- **World Conference on Social Determinants of Health**
  Convened by the World Health Organization in Rio de Janeiro, Brasil in 2011
  [http://www.who.int/sdhconference/en/](http://www.who.int/sdhconference/en/)

- **Closing the gap in a generation: Health equity through action on the social determinants of health**
  WHO Commission on Social Determinants of Health

Resources

- **International Convention on the Elimination of all forms of Racial Discrimination (ICERD)**
  Adopted by the United Nations General Assembly in 1965
  [http://www2.ohchr.org/english/law/ced.htm](http://www2.ohchr.org/english/law/ced.htm)

- **Committee to Eliminate Racial Discrimination (CERD)**
  Office of the United Nations High Commissioner for Human Rights
  [http://www2.ohchr.org/english/bodies/cerd/](http://www2.ohchr.org/english/bodies/cerd/)

Resources

- **2007 USA State Department report to the CERD**
  [http://www2.ohchr.org/english/bodies/cerd/docs/AdvanceVersion/cedr_c_usa6.doc](http://www2.ohchr.org/english/bodies/cerd/docs/AdvanceVersion/cedr_c_usa6.doc)

- **2007 NGO shadow reports to the CERD**
  [http://www2.ohchr.org/english/bodies/cerd/cedrds72-ngo-usa.htm](http://www2.ohchr.org/english/bodies/cerd/cedrds72-ngo-usa.htm)

- **2008 CERD Concluding Observations to the USA**
Resources

- **US-Brazil Joint Action Plan to Eliminate Racial and Ethnic Discrimination and Promote Equality**
  Five-year bilateral agreement signed in 2008
  [http://www.state.gov/p/wha/rls/2008/111446.htm](http://www.state.gov/p/wha/rls/2008/111446.htm)

- **National Partnership for Action to End Health Disparities**
  Office of Minority Health, US Department of Health and Human Services

- **International Coalition of Cities Against Racism**
  United Nations Educational, Scientific and Cultural Organization

**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
Resources

- The Gardener’s Tale podcast
  CityMatCH Health Equity and Social Justice Action Group
  http://www.citymatch.org/UR_tale.php

Resources

- Report of the Secretary’s Task Force on Black and Minority Health
  Margaret M. Heckler, Secretary
  U.S. Department of Health and Human Services

Resources

- Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care
  Brian D. Smedley, Adrienne Y. Stith, Alan R. Nelson, Editors
  Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care
  Institute of Medicine of the National Academies
Resources

- Colour Coded Health Care: The Impact of Race and Racism on Canadians’ Health
  Sheryl Nestel
  The Wellesley Institute

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Changing opportunity structures

Challenges and strategies

- Understand the importance of history
- Challenge the narrow focus on the individual
- View systems and structures as modifiable
- Transform consumers to citizens
- Expose the myth of meritocracy
- Break down barriers to opportunity
- Build bridges to opportunity
Valuing all people equally
Challenges and strategies

- Break out of bubbles to experience our common humanity
- Embrace all children as OUR children
- Ask "Who are you?" not "What are you?"
- Insist on parity, inclusion, and representation in decision-making
- Confront the reality that capitalism profits from unequal valuation

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

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