Social Determinants of Inequities in Obesity Prevention & Control

THE AFRICAN-AMERICAN PERSPECTIVE

Health Inequities that impact the African-American population.

Health Inequities

➢Differences in **health status or in the distribution of health resources** b/n different population groups arising from social conditions in which people are born, live, work, age. Health inequities are unfair and could be reduced with the right " mix of government policy".

➢Health inequities are "avoidable inequalities in health between groups of people within countries and between countries.
  o Social and economic conditions and their effects on people's lives determine their risk of illness and the actions taken to prevent them becoming ill or treat illness when it occurs.

➢Health inequities are systematic differences in the opportunities groups have to achieve optimal health, leading to unfair and avoidable differences in health outcomes

World Health Organization, April 2017.

Communities in Action: Pathways to Health Equity, National Academy of Science, January 2017.

Where Do We See Differences in Health Status in African American?

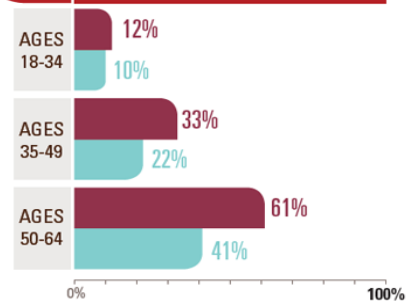Coronary Artery Disease

Diabetes

Stroke

Infant Mortality
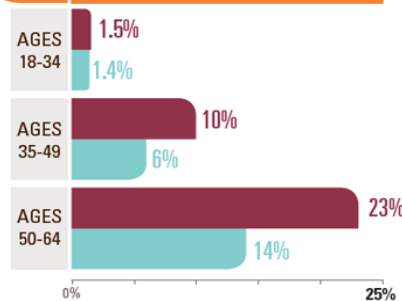
Maternal Mortality

Breast Cancer (Mortality)

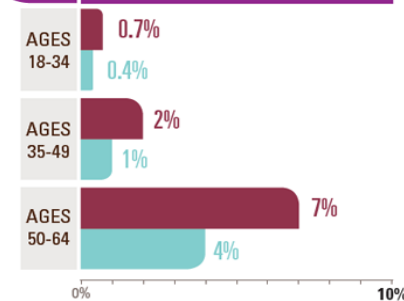HIV/AIDS

High Blood Pressure

	African American	White
AGES 18-34	12%	10%
AGES 35-49	33%	22%
AGES 50-64	61%	41%

0% — 100%

Diabetes

	African American	White
AGES 18-34	1.5%	1.4%
AGES 35-49	10%	6%
AGES 50-64	23%	14%

0% — 25%

Stroke

	African American	White
AGES 18-34	0.7%	0.4%
AGES 35-49	2%	1%
AGES 50-64	7%	4%

0% — 10%

African American ■ **White** ■

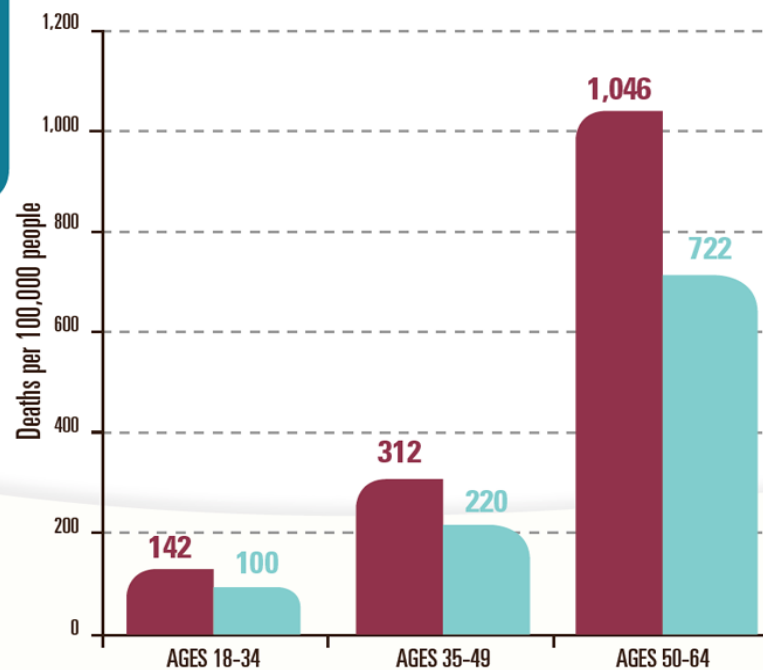*African Americans and whites include Hispanic and non-Hispanic origin.*

SOURCE: Behavioral Risk Factor Surveillance System, 2015.

African Americans are more likely to die at early ages from all causes.

Deaths per 100,000 people

	African American	White
AGES 18-34	142	100
AGES 35-49	312	220
AGES 50-64	1,046	722

SOURCE: US Vital Statistics, 2015.

Where Do We See Differences in Resources?

Access to Healthcare (Cost, Accessibility)

Built Environment – Safe Spaces to Work, Play and Commute

Education

Employment

Public Safety

Transportation

Wealth & Income

Communities in Action: Pathways to Health Equity, National Academy of Science, January 2017.

Driven By Historical & Present Day..

Racism

Discrimination

Injustice

Segregation

Social Isolation

Contextual factors (Race, history, culture, law, socioeconomic) on these inequities.

RACE and EXPERIENCING RACISM

HARMFUL DETERMINANT OF HEALTH

RACISM:
Harmful Determinant of Health

➤ *Racism* refers to institutional and individual practices that create and reinforce oppressive systems of race relations whereby people and institutions engaging in discrimination adversely restrict, by judgment and action, the lives of those against whom they discriminate.

➤*Institutional Racism* refers to the policies and practices within and across institutions (i.e. health, housing, education) that, **intentionally or not**, produce outcomes that chronically favor, or put a racial group at a disadvantage.
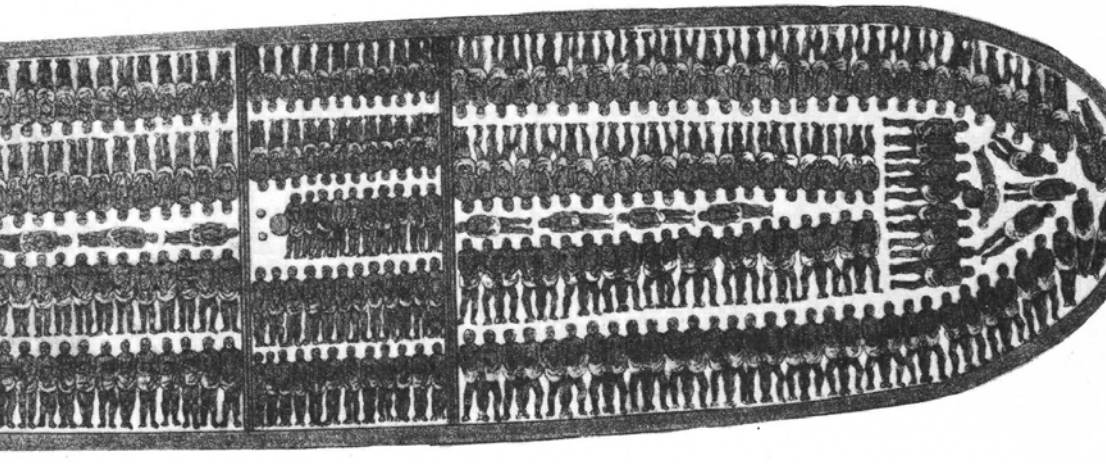
➤Oliver MN. Racial health inequalities in the USA: the role of social class. Public Health. 2008 Dec;122(12):1440-2. doi: 10.1016/j.puhe.2008.05.014. Epub 2008 Oct 11.

➤Aspen Institute Community Roundtable on Community Change

RACISM: The "Lived Experience" of Race

➤The lived experience of race, influences how people are treated, what resources and jobs are available to them, where they are likely to live, how they perceive the world, what environmental exposures they face, and what chances they have to reach their full potential.

➤These experiences promote or constrain opportunities for health.

➤Racism operates both upstream of class and independently of class.
◦ Upstream, educational, housing and wealth-accumulating opportunities have been shaped by a long history of racism that confers economic advantage to some groups while disadvantaging other

Smedley, B. Race, Racial Inequality and Health Inequities: Separating Myth from Fact. Unnatural Causes: Is Inequality Making Us Sick, 2008.

Chattel Slavery in the United States of America

Chattel Slavery

- Chattel slavery, as it developed in BCNA, involved the outright ownership of another human being, similar to owning land, goods, etc. for the duration of their life and that of their children.

- The institution created a "social death" for those who are enslaved. Social death, as Patterson shows, involves not only a separation from one's ancestral birthplace but also the stripping of basic human rights and social and legal protections enjoyed by everyone else.

- These two dimensions of chattel slavery are what separate it from other forms of domination, oppression, or unfree labor.

Historical Context for African Americans - Social Determinants of Health

Separate But Equal
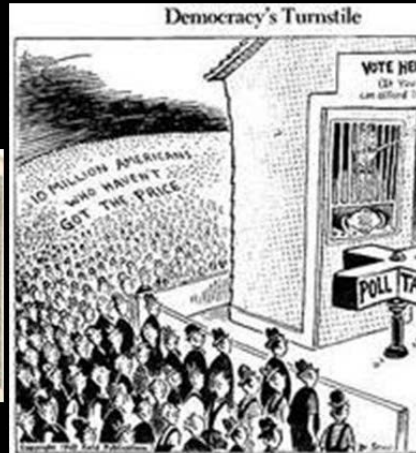
Education
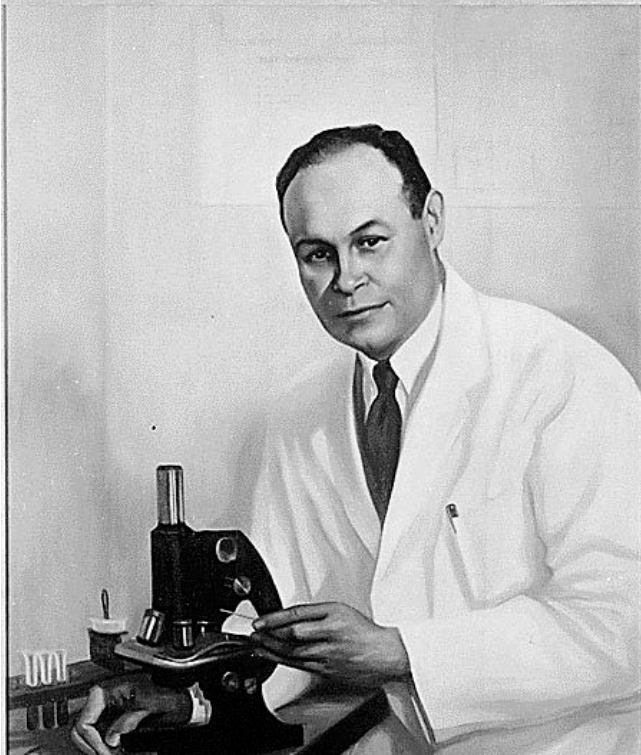
Healthcare: 46, 26, 14

A proper understanding of the health status of African Americans requires that one take into account both **racial and class** stratification.

Class exploitation and racial discrimination are **distinct social processes** that reinforce and reproduce one another in contemporary societies.

Contextual Factors: Race & Class

Krieger, N. Does Racism Harm Health? Did Child Abuse Exist Before 1962? On Explicit Questions, Critical Science, and Current Controversies: An Ecosocial Perspective
Am J Public Health. 2003 February; 93(2): 194–199.

Contextual Factors: When SES Is Accounted for, Race Still Matters

Racism also operates independently of class, which explains racial health inequities persist even after controlling for socio-economic status.

◦ Segregation and social isolation
◦ Impact of **everyday** discrimination on chronic stress levels,
◦ Hope and optimism
◦ Differential access and treatment by healthcare system,
◦ Proximity to Resources: location of doctors and hospitals

◦ Smedley, B. Race, Racial Inequality and Health Inequities: Separating Myth from Fact. Unnatural Causes: Is Inequality Making Us Sick, 2008.

Quote from W.E.B. DuBois

"One thing of course we must expect to find, and that is a much higher death rate at present among Negroes than among Whites: this is one measure of the difference in their social advancement"

◦ In 1899, W. E. B. DuBois wrote in the Philadelphia Negro, A Social Study.

◦ Co-Founder of the NAACP

Best Practices to Address Health Inequities

Best Practices in Policies & Programs

➢ **Amplify and Invest in cross sector partnerships that advance institutional and public policies.**
- ◦ Public Health & Criminal Justice – Violence as a Public Health Issue, Police Force Training in Behavioral Health
- ◦ Transportation & Public Health (Safe Routes to School, Shared Use Agreements to enhance Physical Activity)

➢ **Identify and implement institutional and public policies that have helped to improve opportunities to make healthier choices**
- ◦ Affordable Care Act
- ◦ Vouchers for WIC families to access more fruits and vegetables

➢ **Raise Awareness and become more politically vocally about structural issues that impact communities of color**

➢ **Enforcement of anti-discrimination laws and practices**

Unmet **Research** and Resource Needs

Unmet Research Needs

More research to Inform the work of communities, as well as health care organizations and other sectors across the social, economic, and environmental determinants of health.
- Cross sector collaboration

Research on the role of Public & Institutional Policy change (i.e. Civil Rights Laws) and their affects on health outcomes.
- Education, Advocacy & Direct Action

Research is needed to understand the cognitive and affective processes of implicit bias, as well as the effectiveness of interventions to disrupt these processes

Communities in Action: Pathways to Health Equity, National Academy of Science, January 2017.

Unmet Resource Needs

Funding is needed to support research that studies the effects of—and effective strategies to address—the health-related harms of structural racism and implicit and explicit bias.

Funding is needed to invest in evidence based programs that promote cross sector collaboration

Create sustainable resource opportunities to advance research and public health workforce for African Americans and communities of Color.

Communities in Action: Pathways to Health Equity, National Academy of Science, January 2017.

Researcher's Responsibility

Standardize Community Based Models in Your Research
- Intentionally integrate community based models as a **STANDARD** part of your research portfolio
- Grantors cannot fund who they don't value or don't see

Develop interventions that consider **ALL** the social determinants of health! (education, housing, employment, environment, safety)

Humanize every research experience– **Use the data to EMPOWER & BUILD "The PEOPLE, not just PUBLISH about The PEOPLE!!**

In Bor D, et al (editors) Community Health Improvement through Information and Action: An Anthology from the Health of the Pu blic Program. Health of the Public Program Office, University of California, San Francisco CA, 1995

Researcher's Responsibility

Connect, Research, Programs & Policy
- Consider civil rights, advocacy and policy efforts as catalysts to improve healthy behaviors and dismantle oppressive social systems.

Contact Information

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