

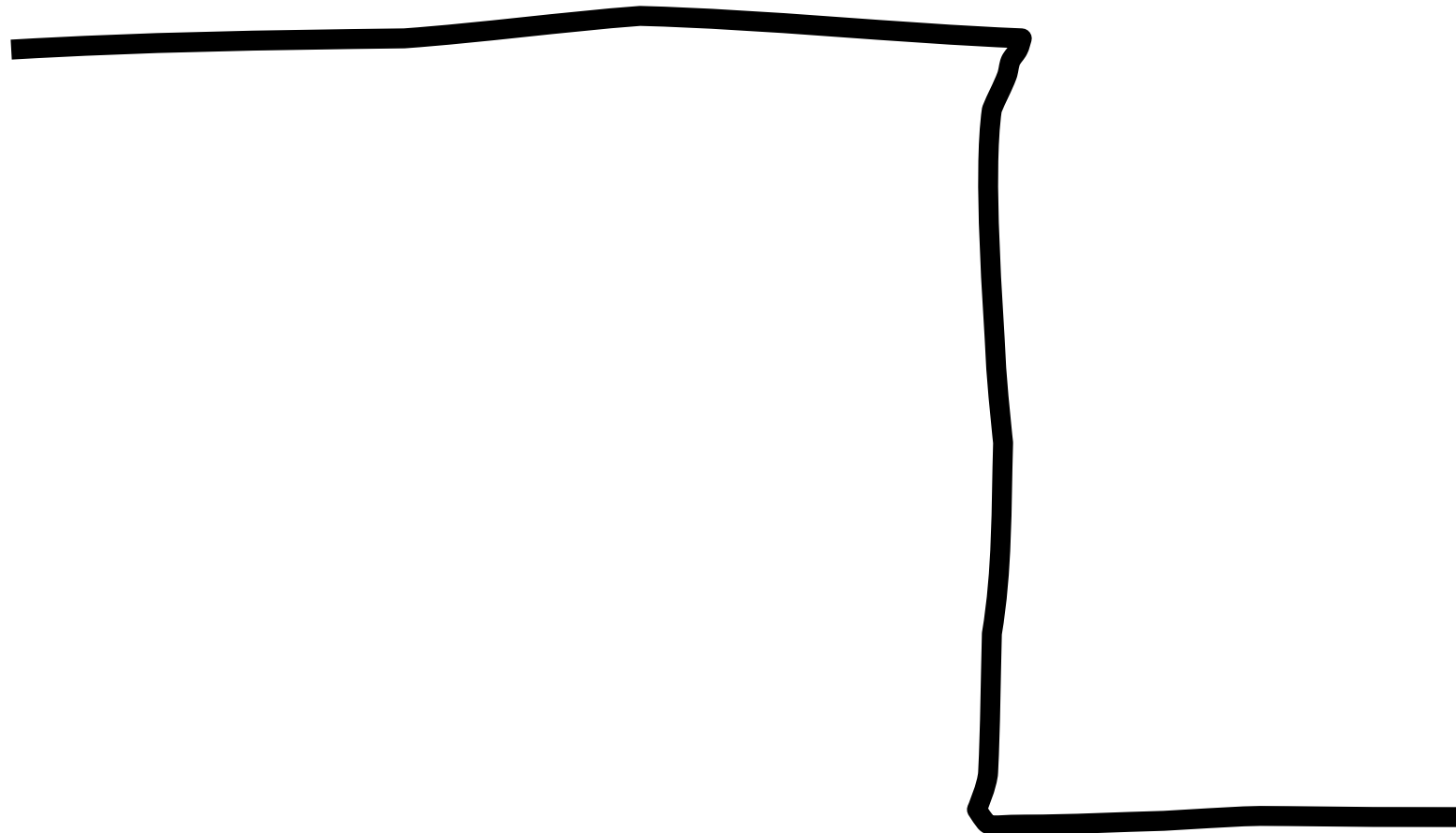
1 for All:

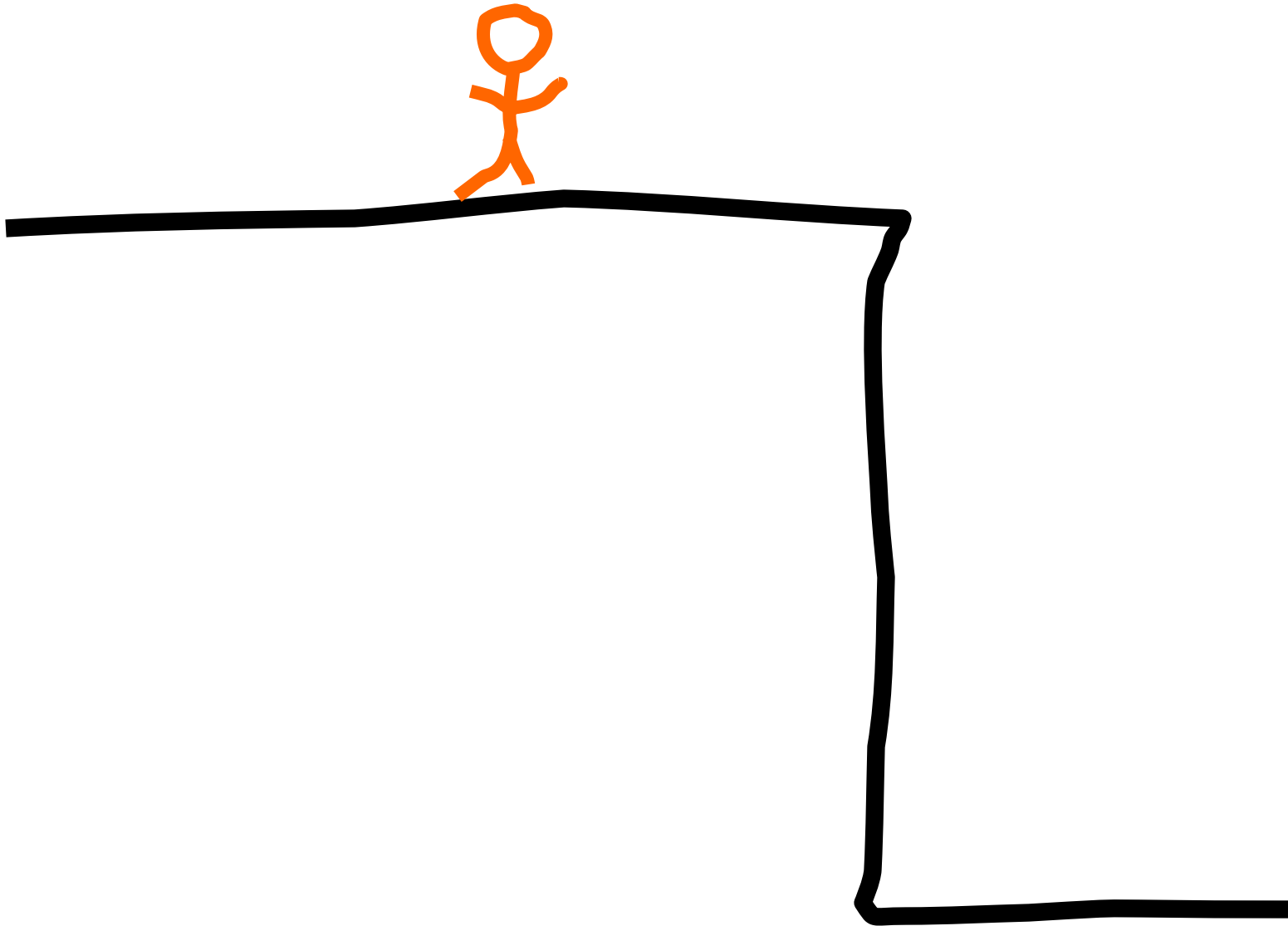
Naming and Addressing the Impacts of Racism on the Health of Tennessee Babies

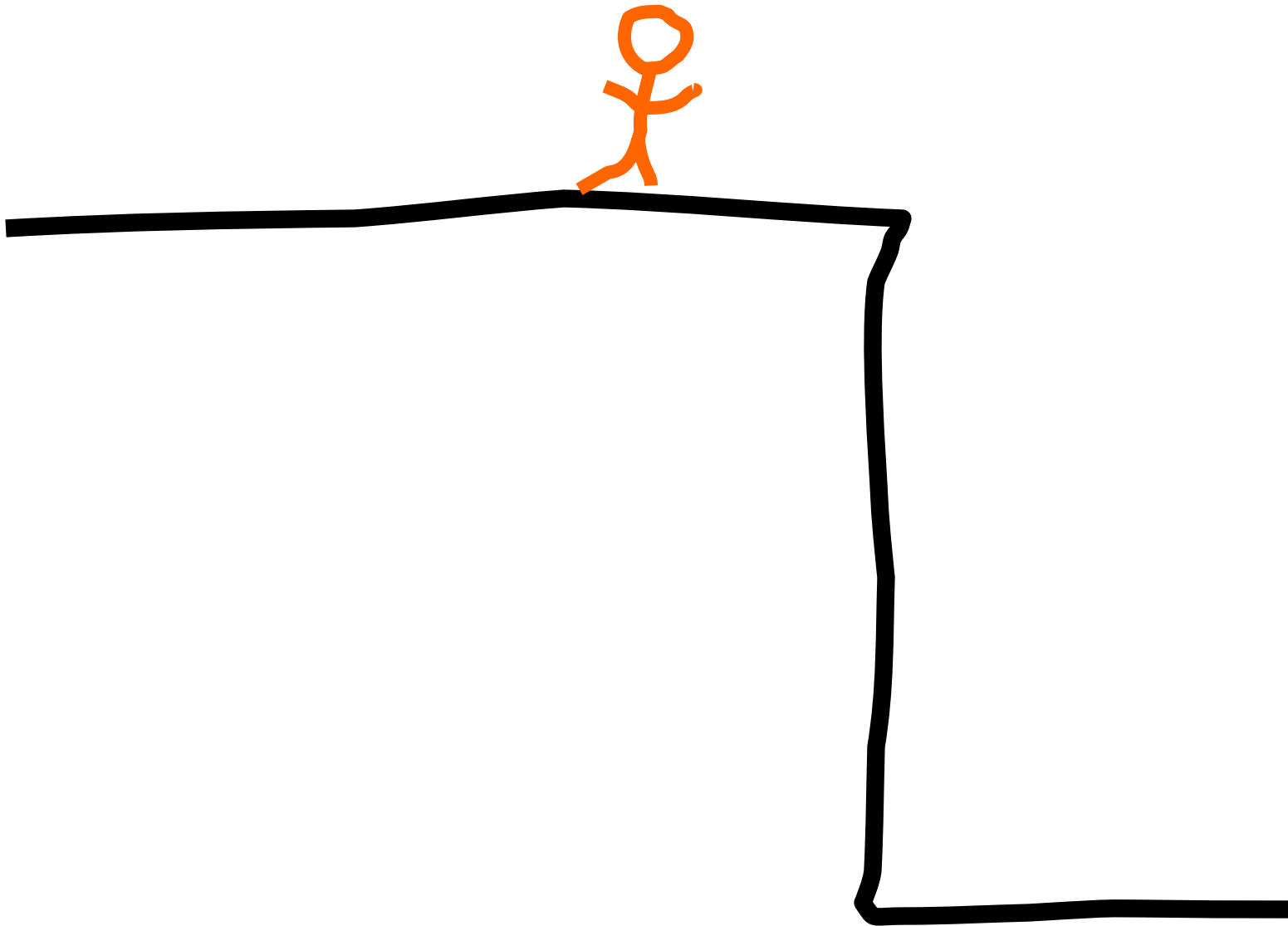
Camara Phyllis Jones, MD, MPH, PhD
Research Director on Social Determinants of Health

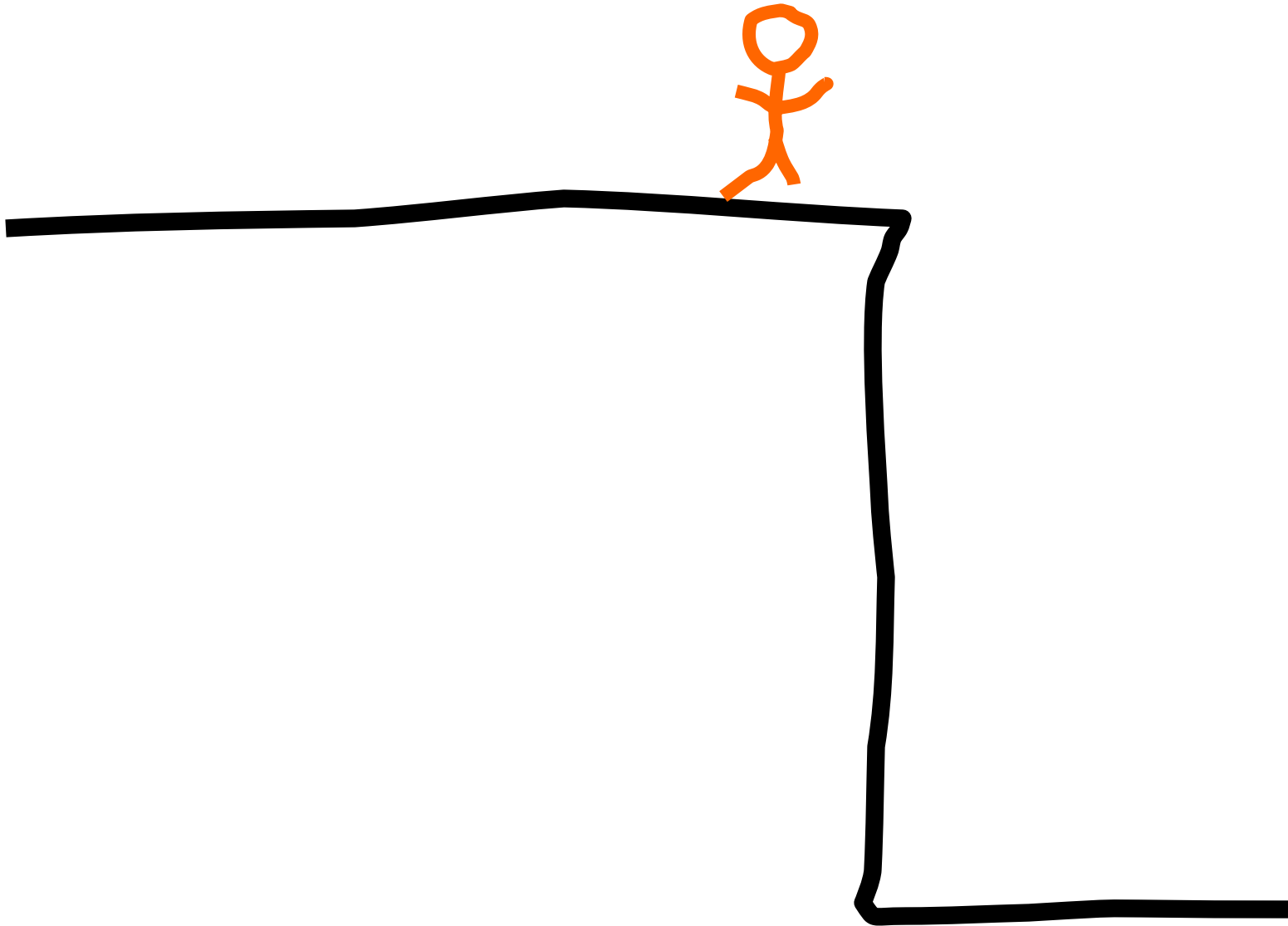
Emerging Investigations and Analytic Methods Branch
Division of Adult and Community Health
National Center for Chronic Disease Prevention and Health Promotion
Coordinating Center for Health Promotion
Centers for Disease Control and Prevention

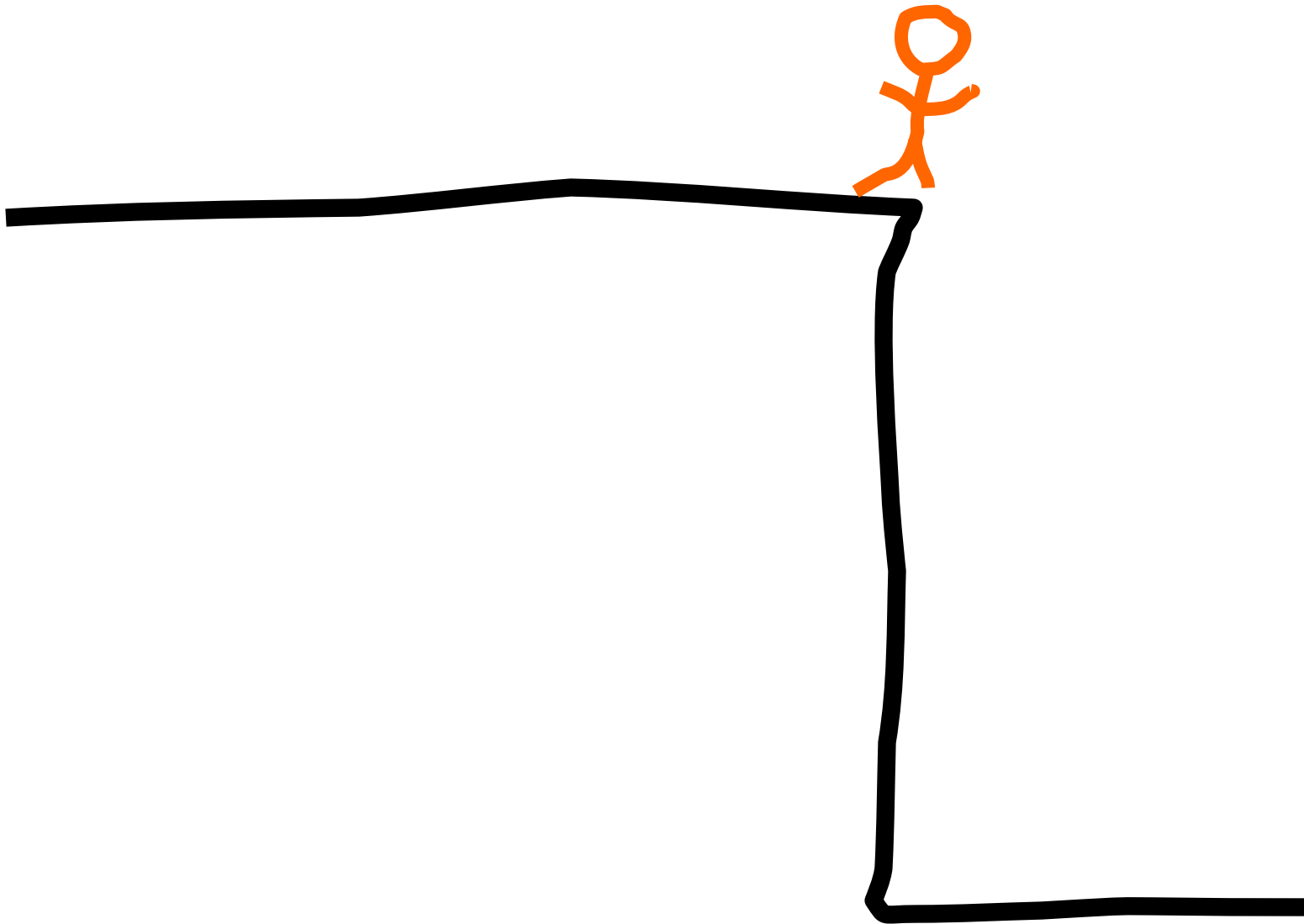
Levels of health intervention

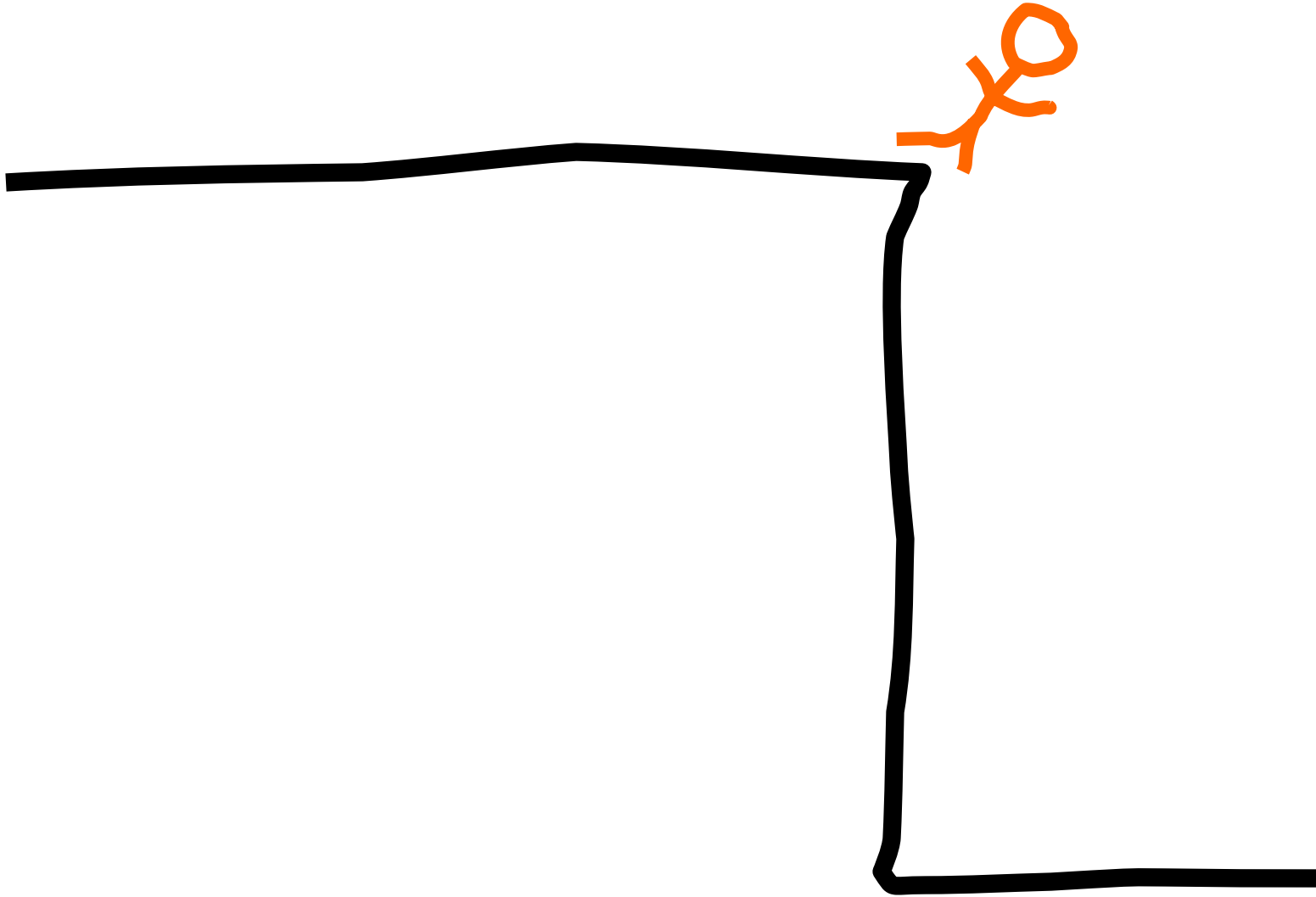


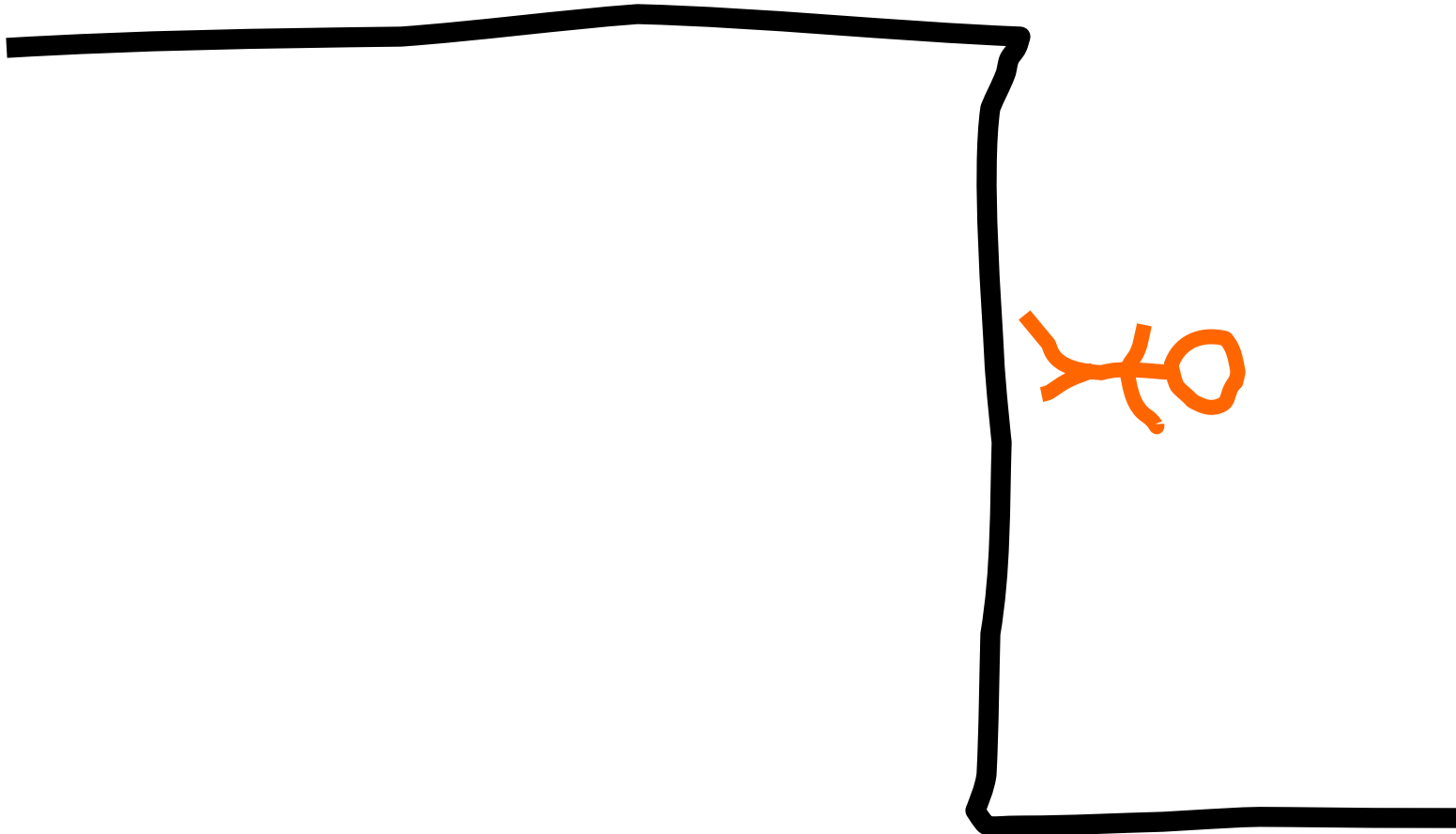


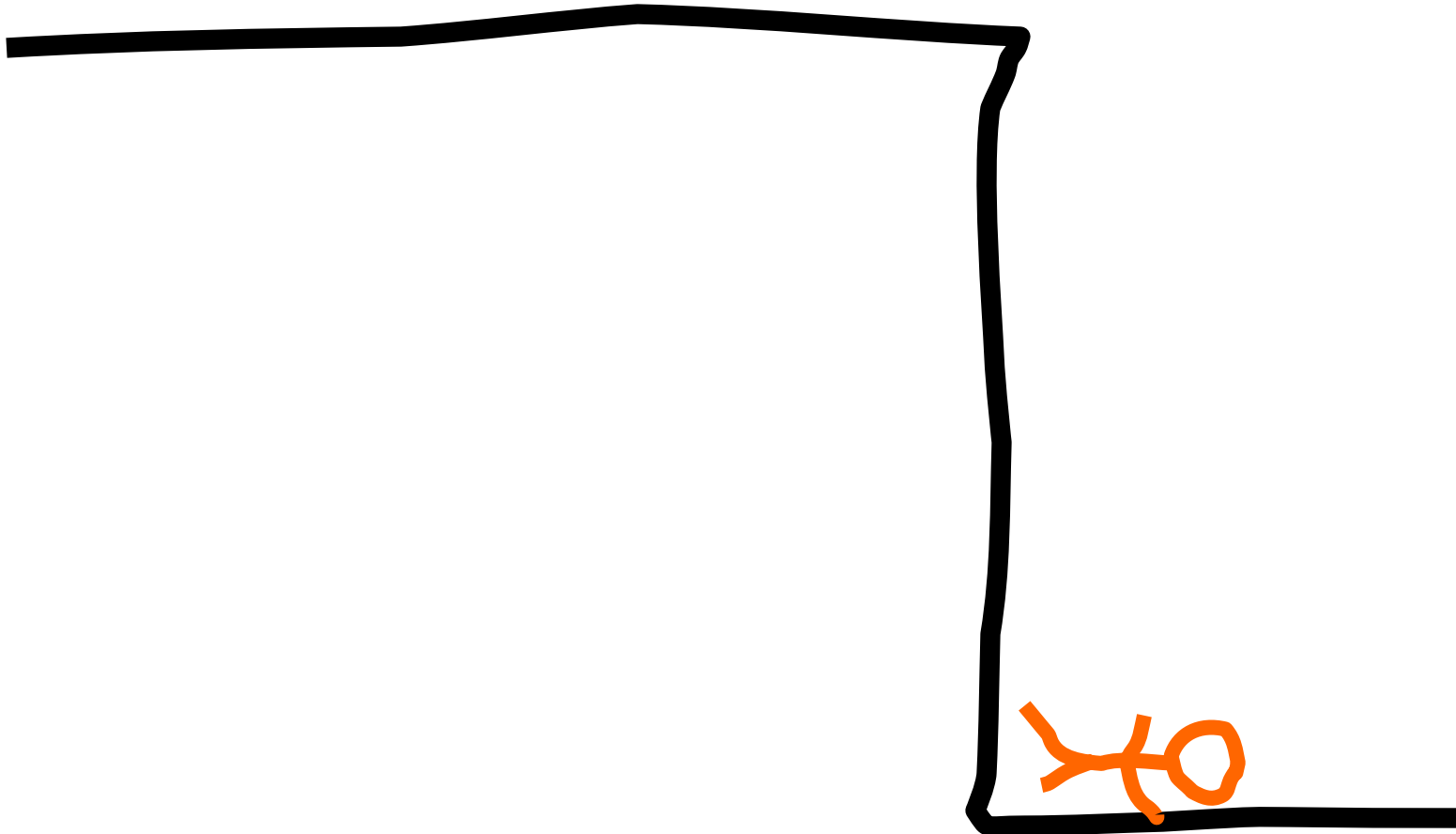


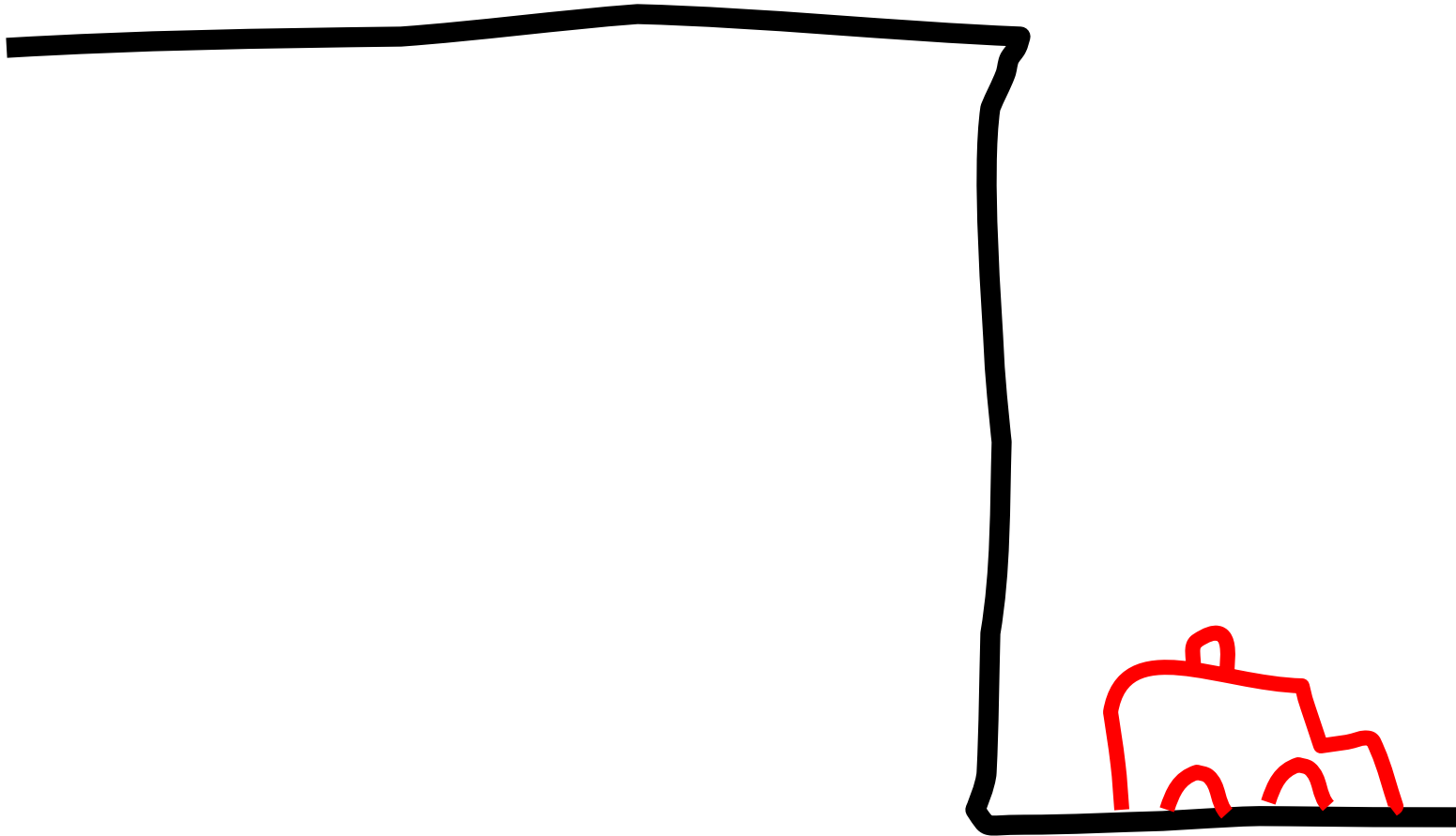


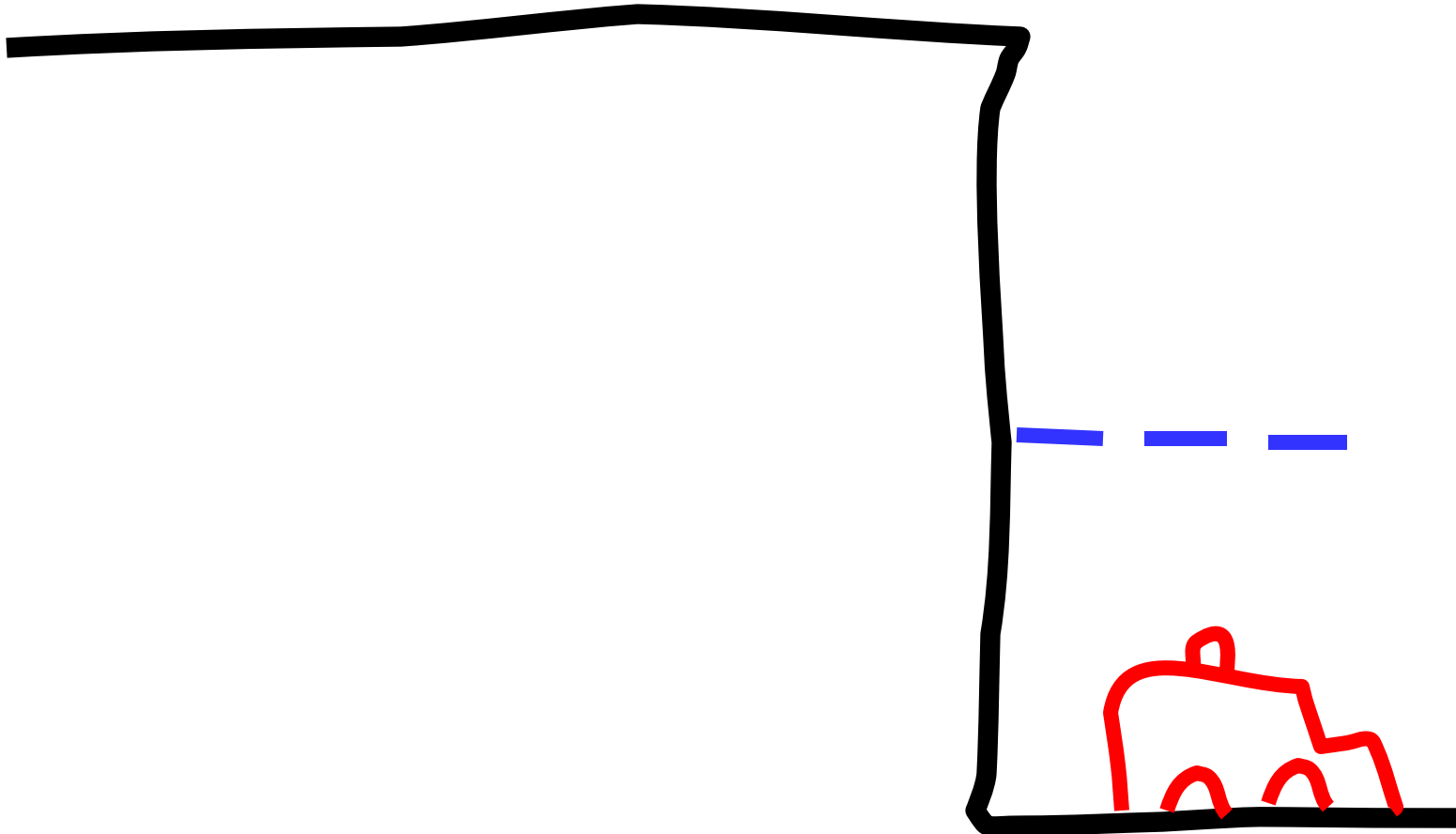


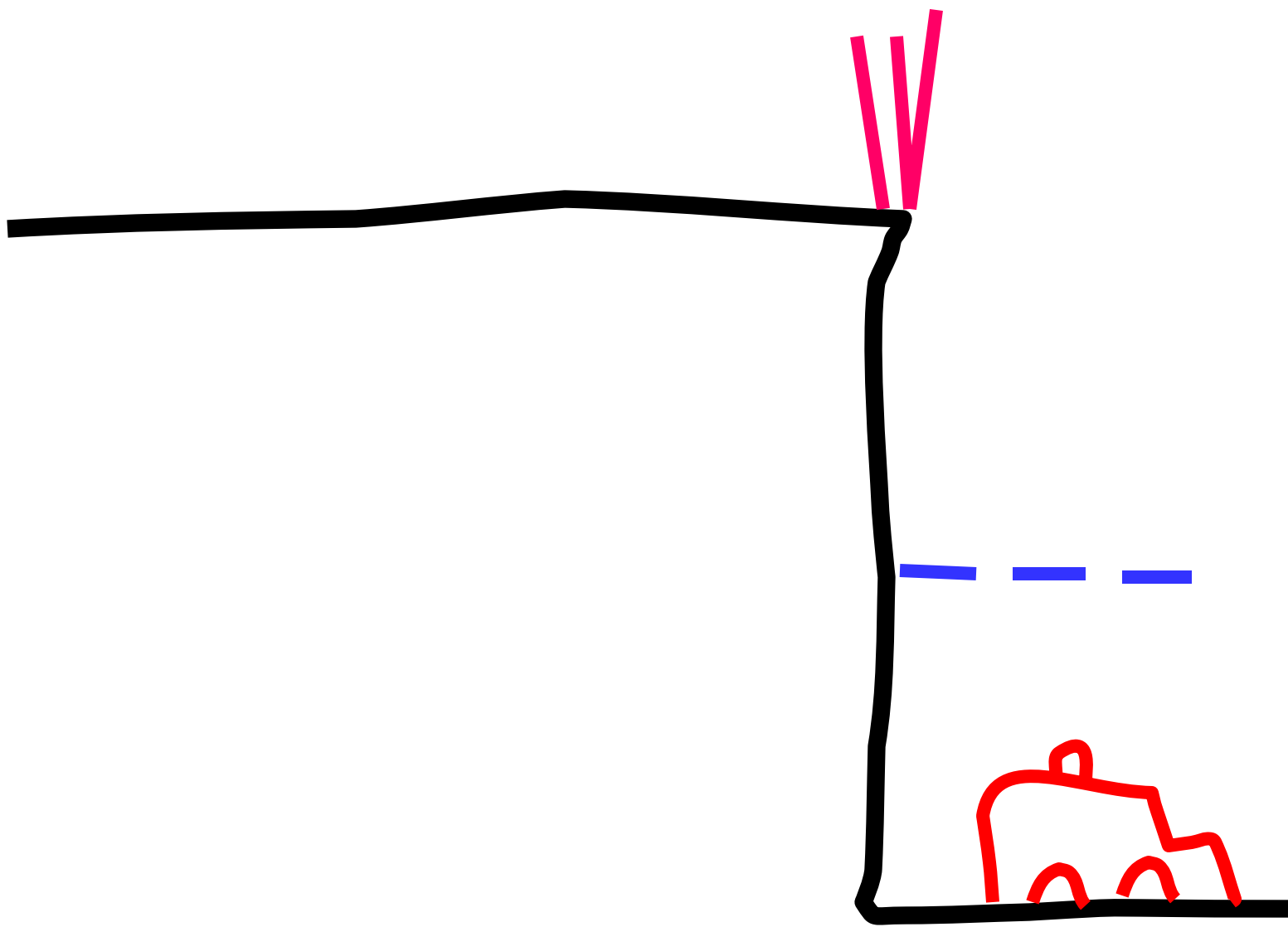


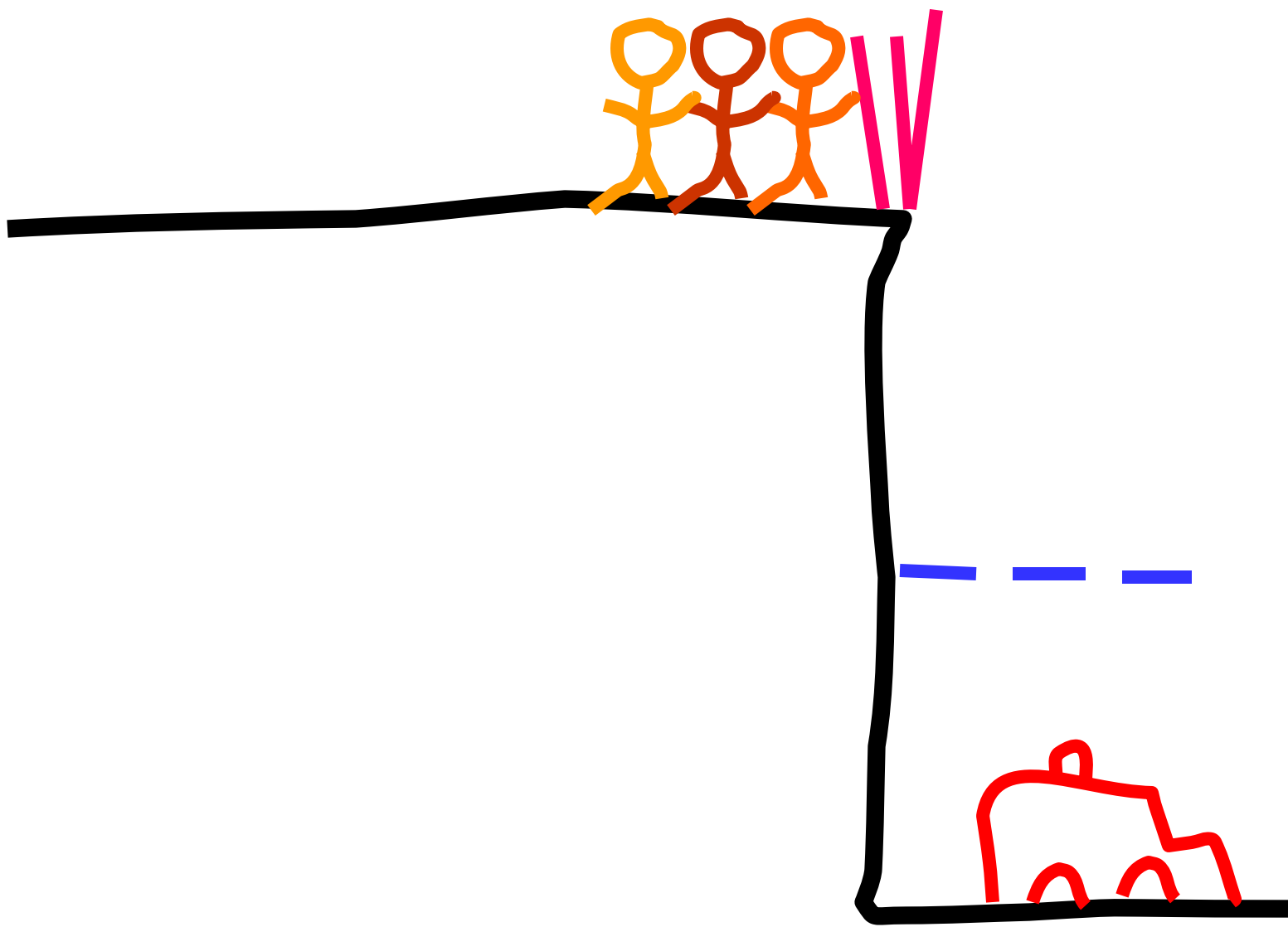


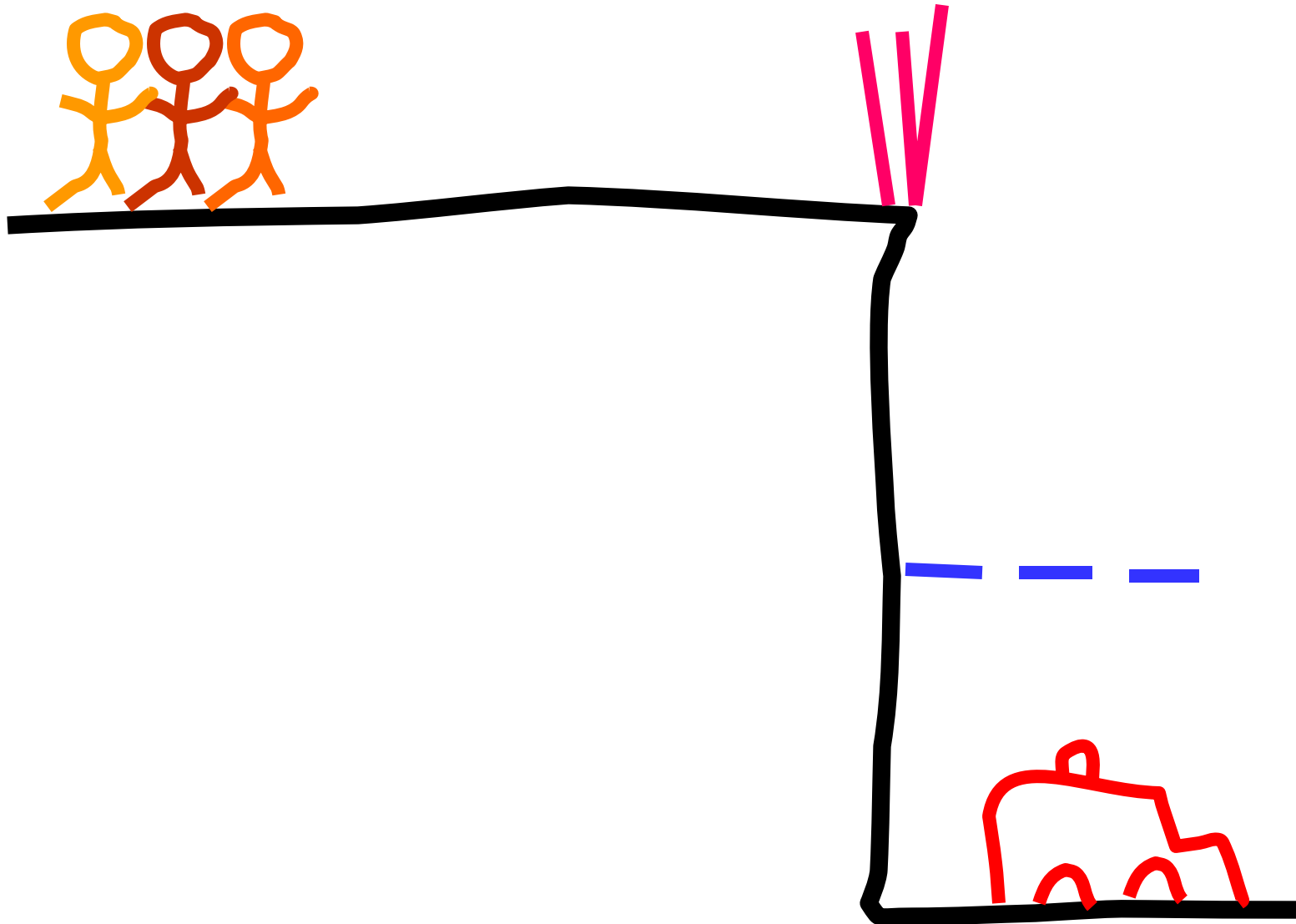


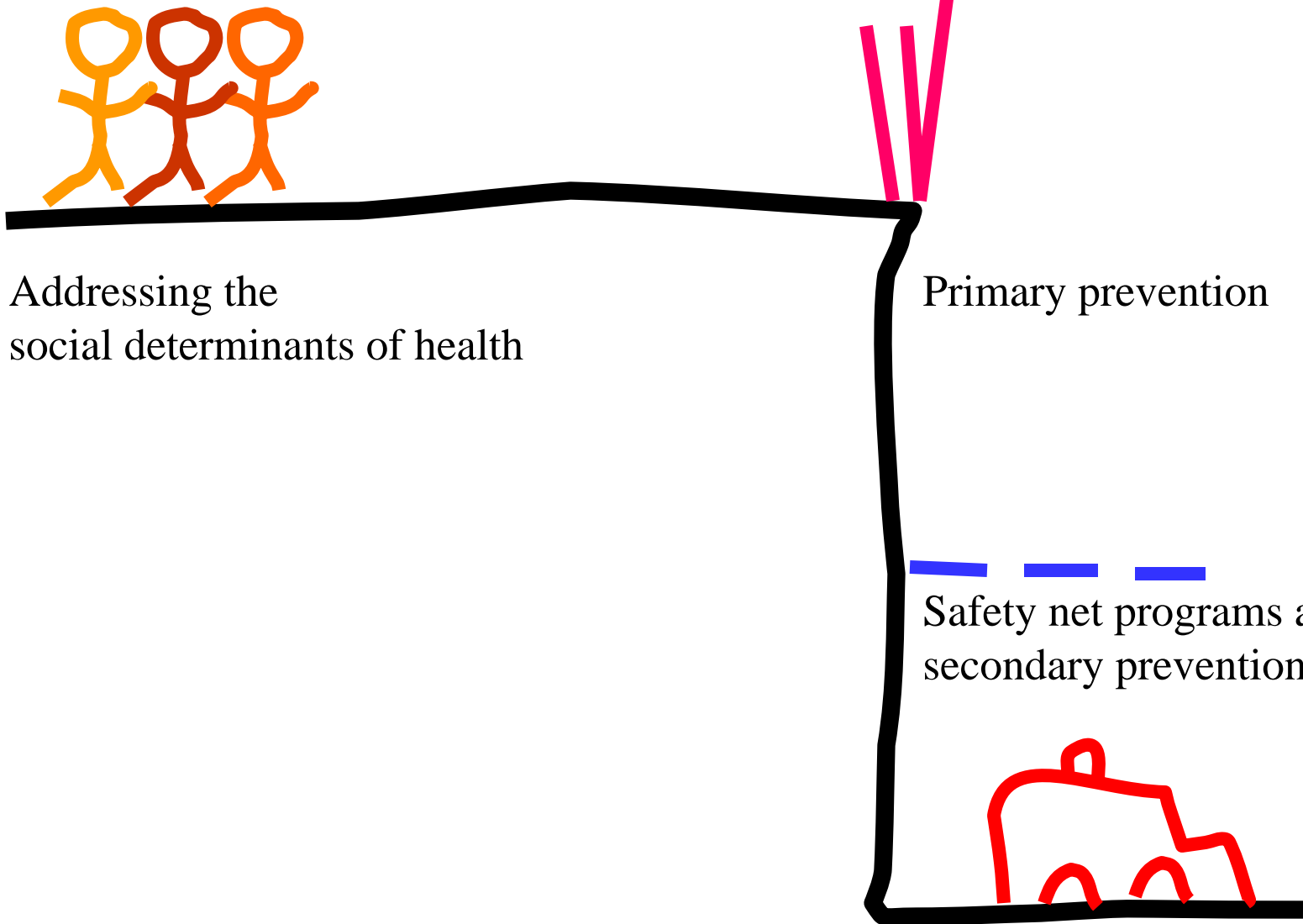












Addressing the social determinants of health

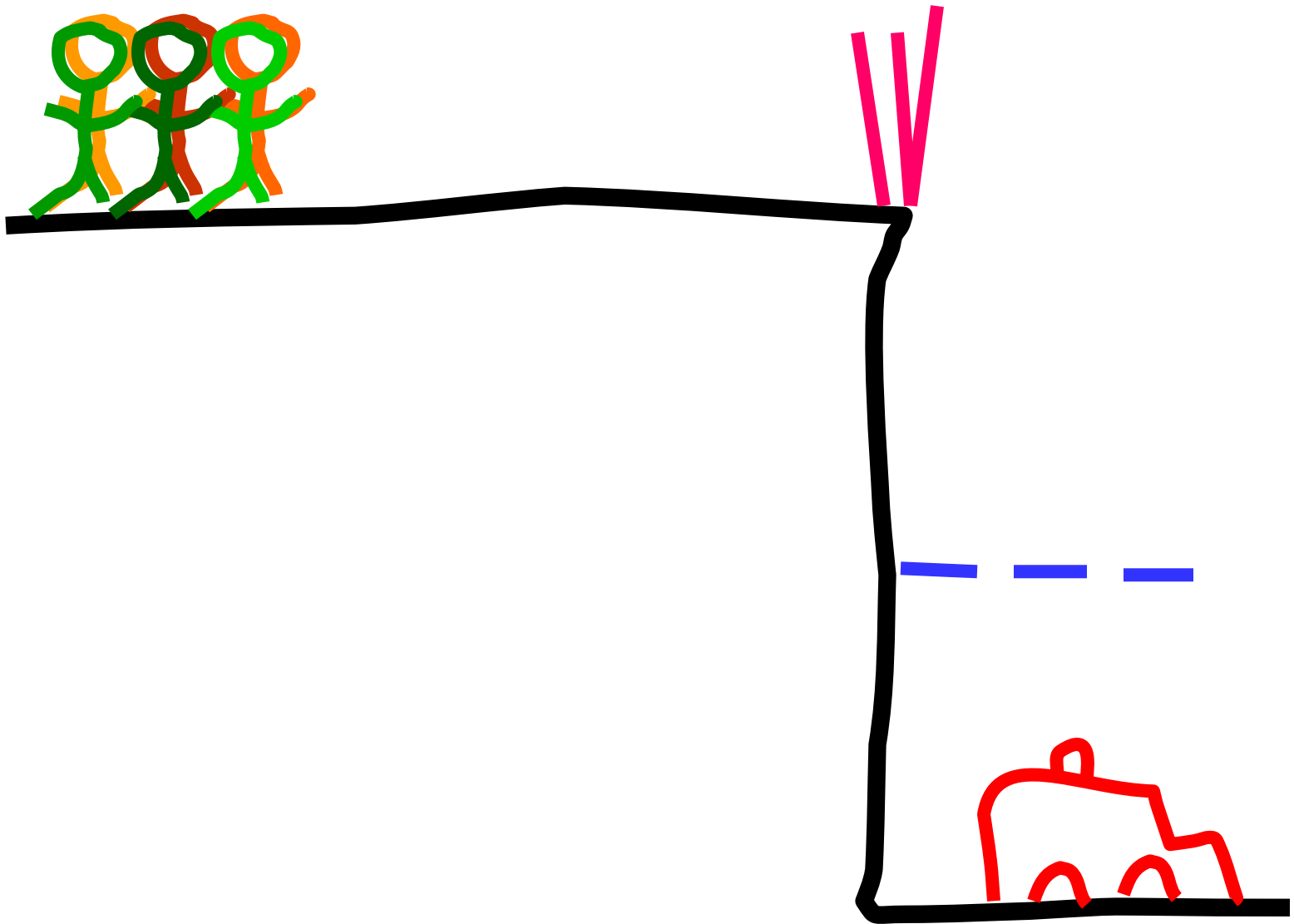
Primary prevention

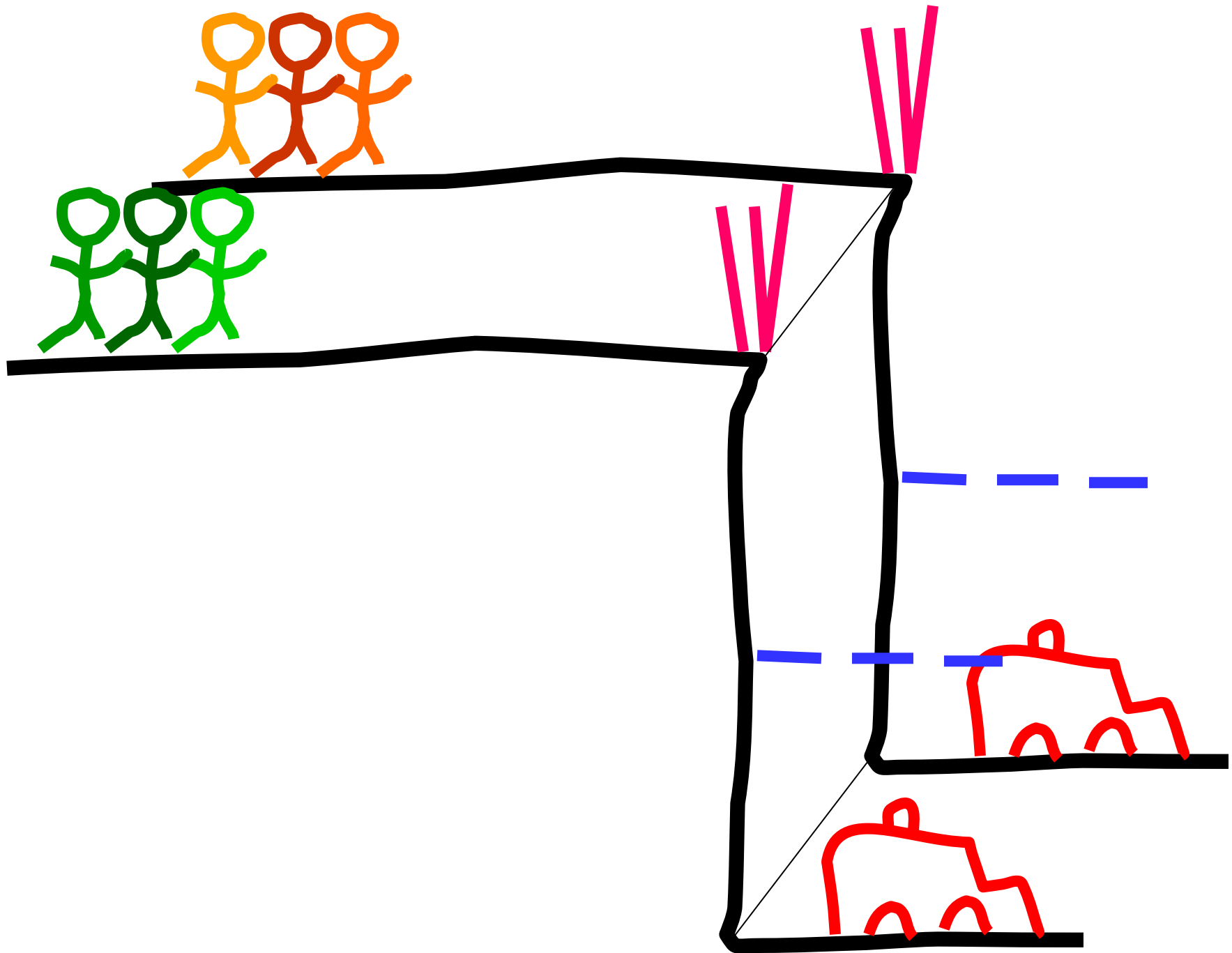
Safety net programs and secondary prevention

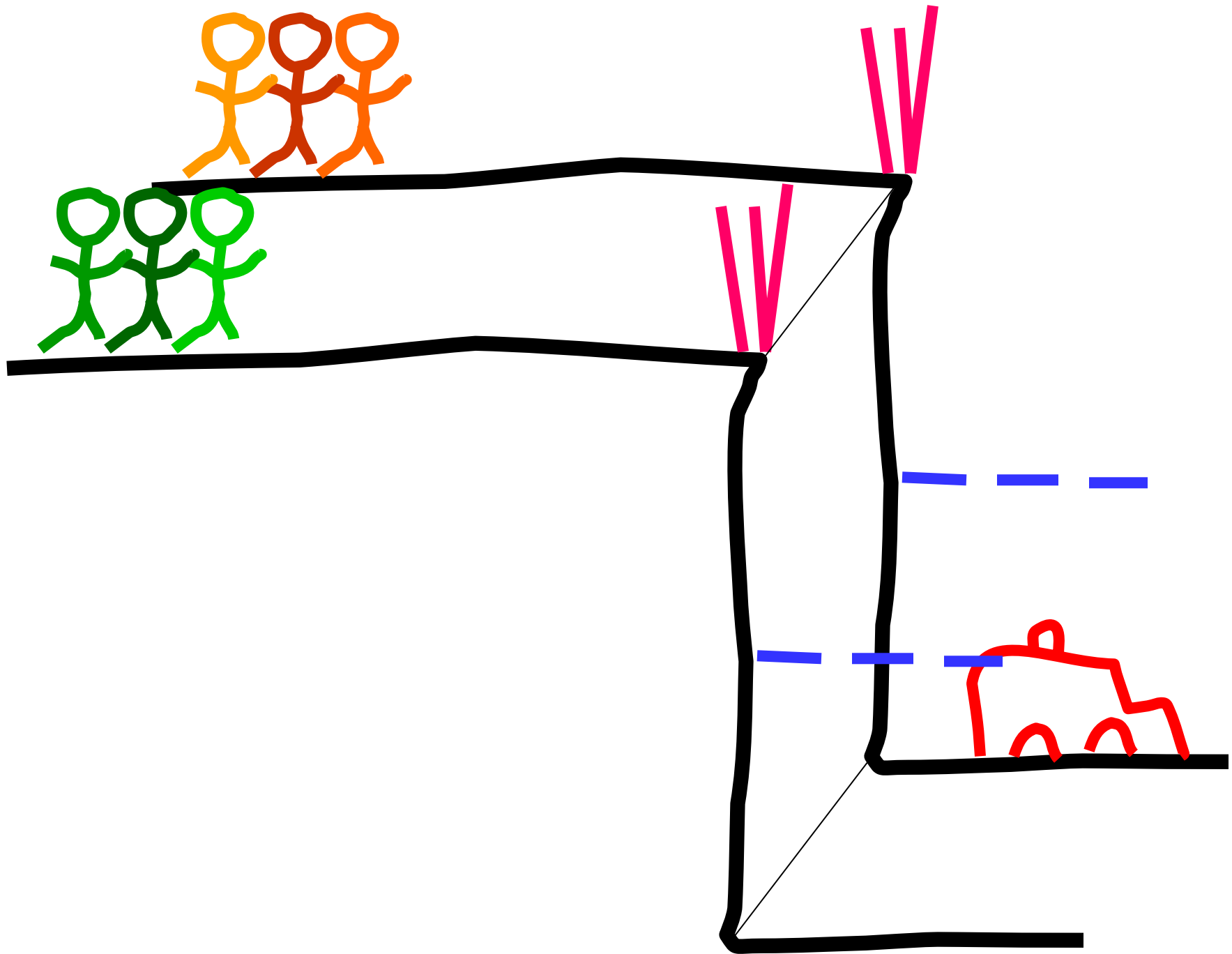
Medical care and tertiary prevention

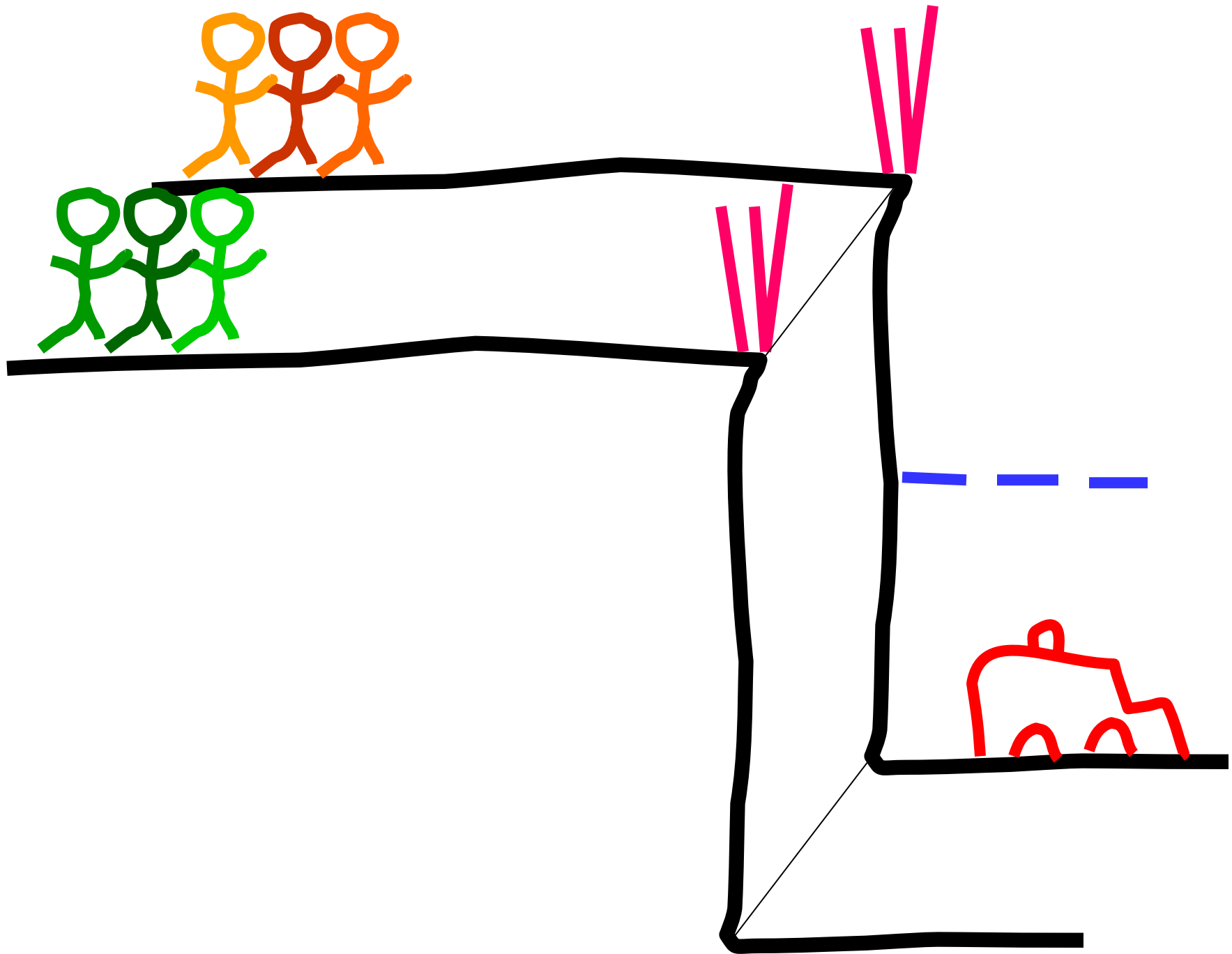
But how do disparities arise?

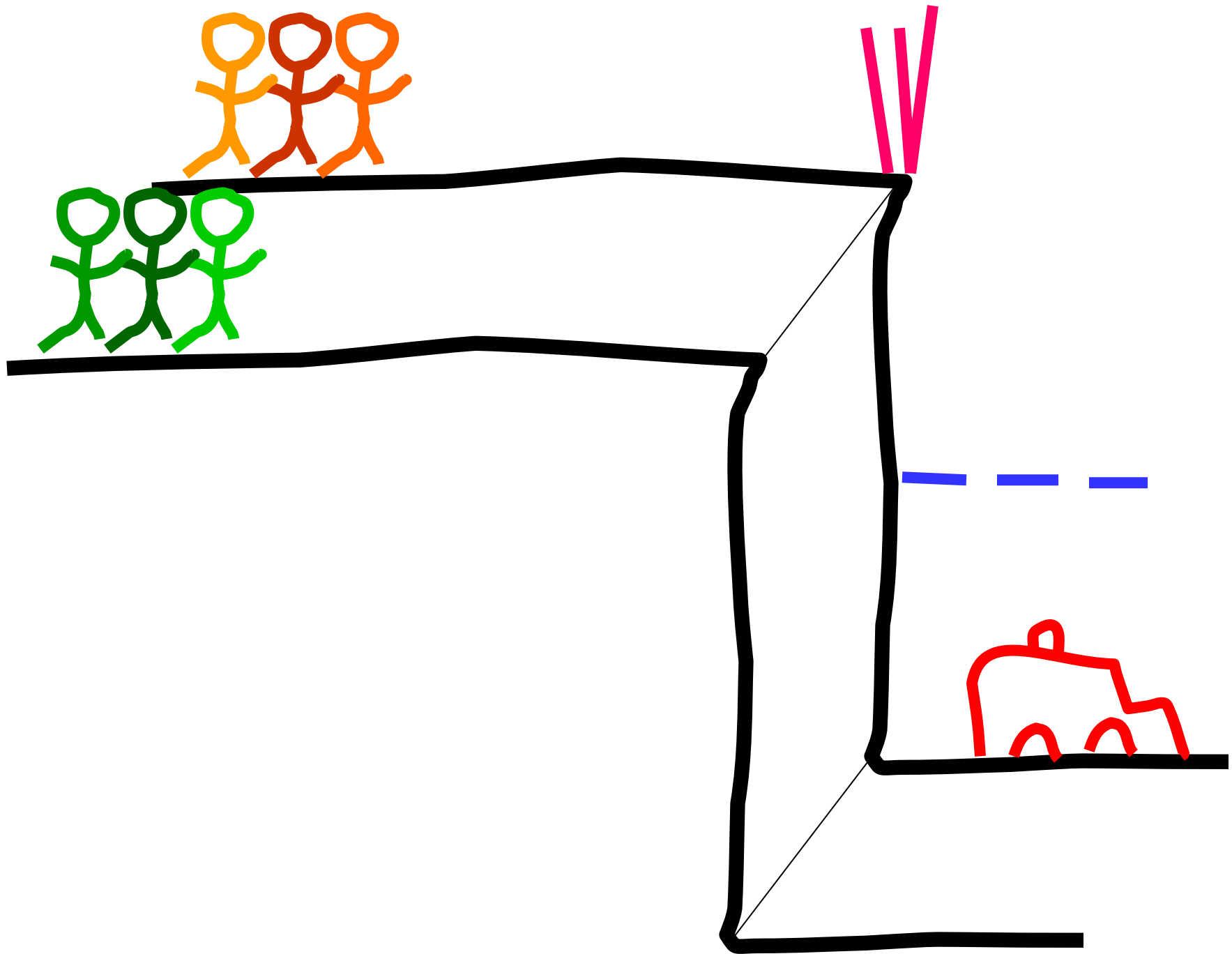
- Differences in the quality of care received within the health care delivery system
- Differences in access to health care including preventive and curative services
- Differences in life opportunities, exposures, and stresses that result in differences in underlying health status

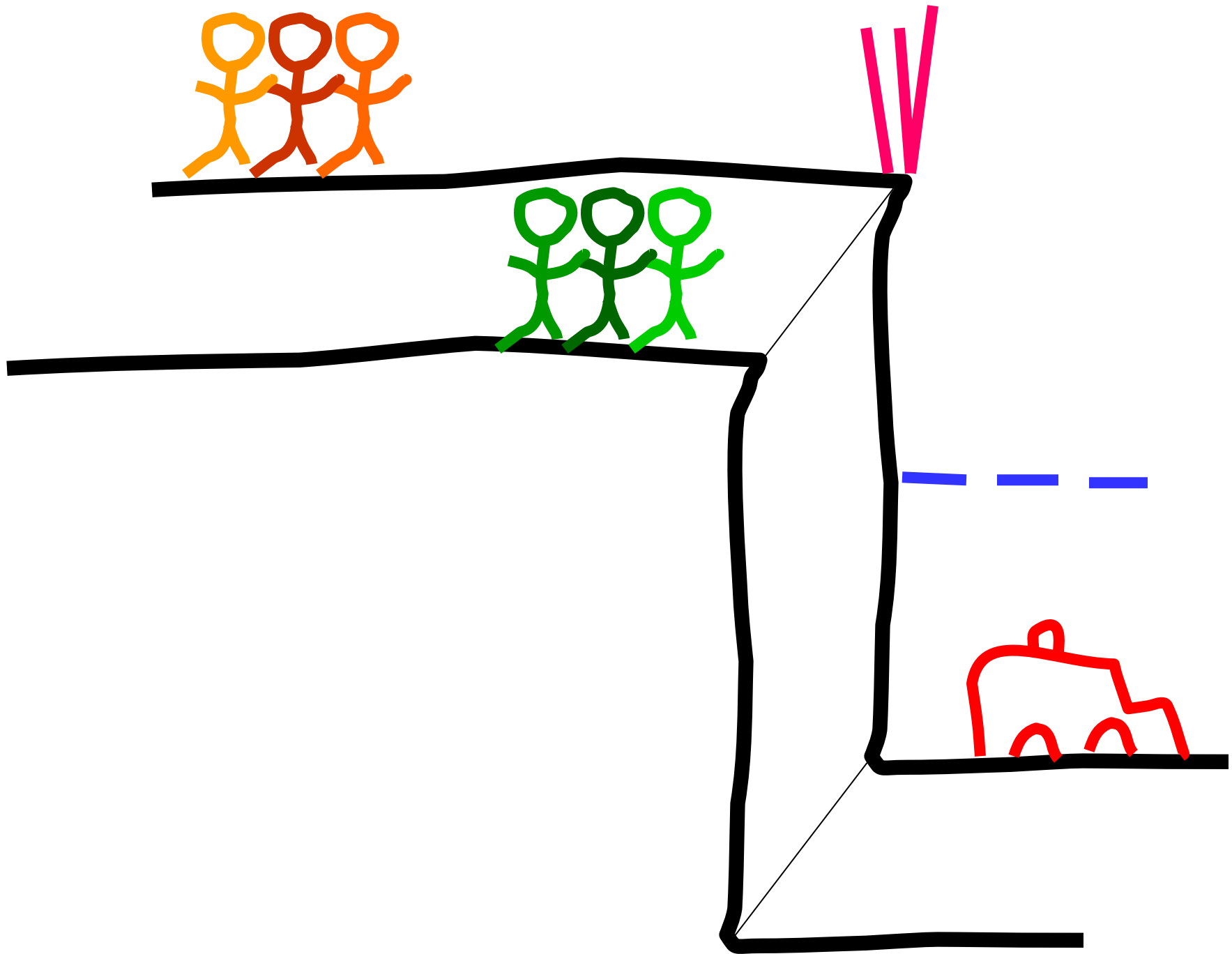


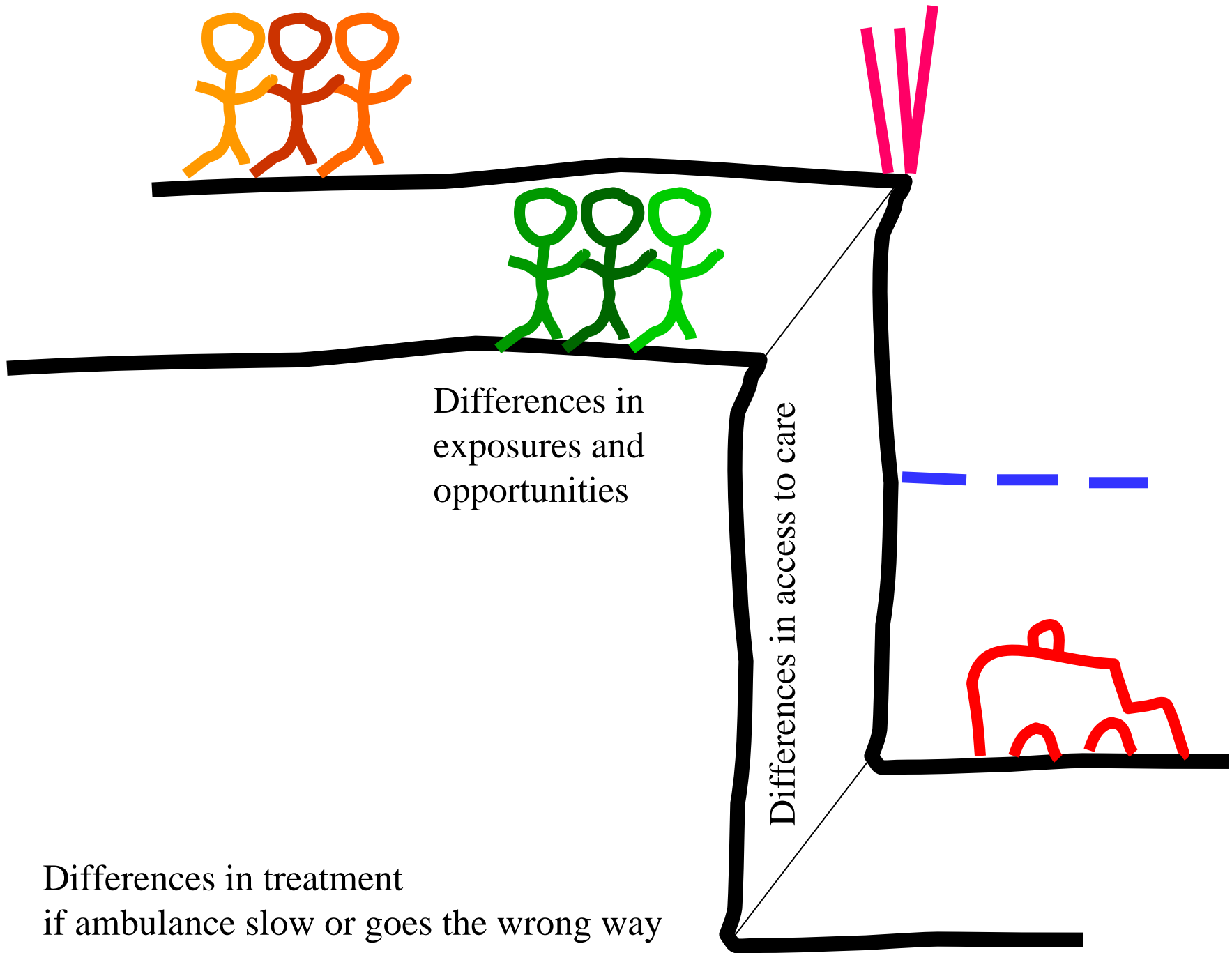


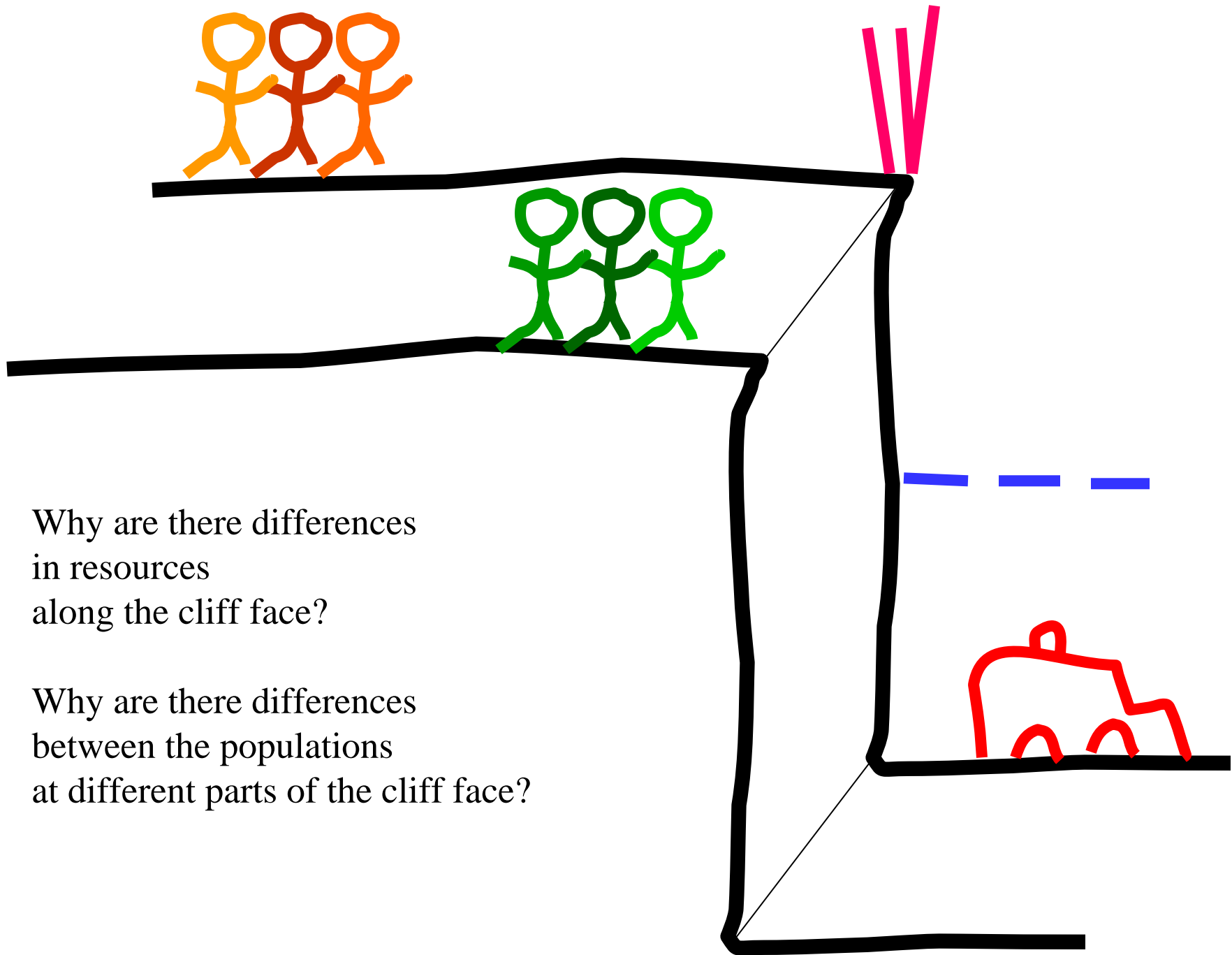












Why are there differences
in resources
along the cliff face?

Why are there differences
between the populations
at different parts of the cliff face?

Social determinants of health

- Determinants of health and illness that are outside of the individual
 - Beyond genetic predispositions
 - Beyond individual behaviors
- The contexts in which individual behaviors arise

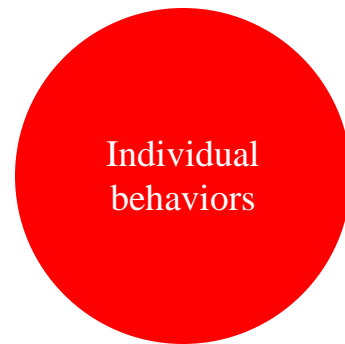
Social determinants of health

- 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, diesel exhaust, dumps
- Opportunity structures
 - Schools, jobs, the arts, justice

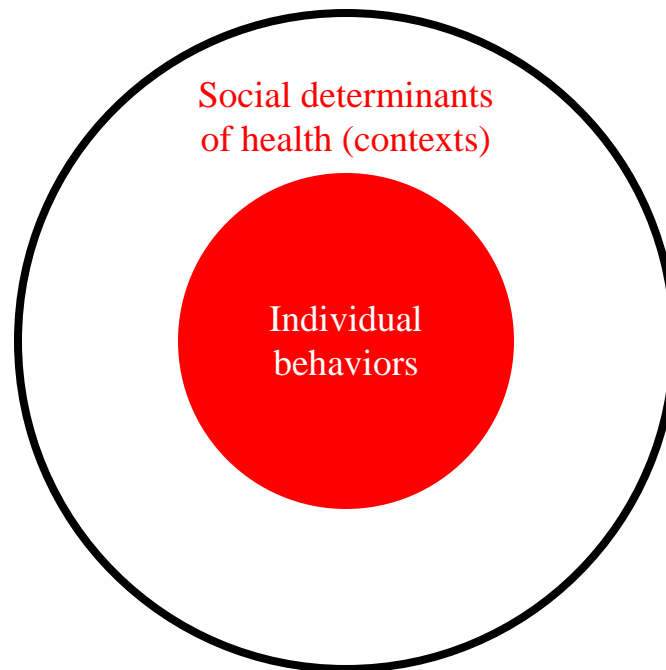
Societal determinants of context

- Determine both the range of observed contexts and the distribution of different populations within those contexts
- Include capitalism, racism, and other systems of power that create different contexts and differentially distribute populations into those contexts

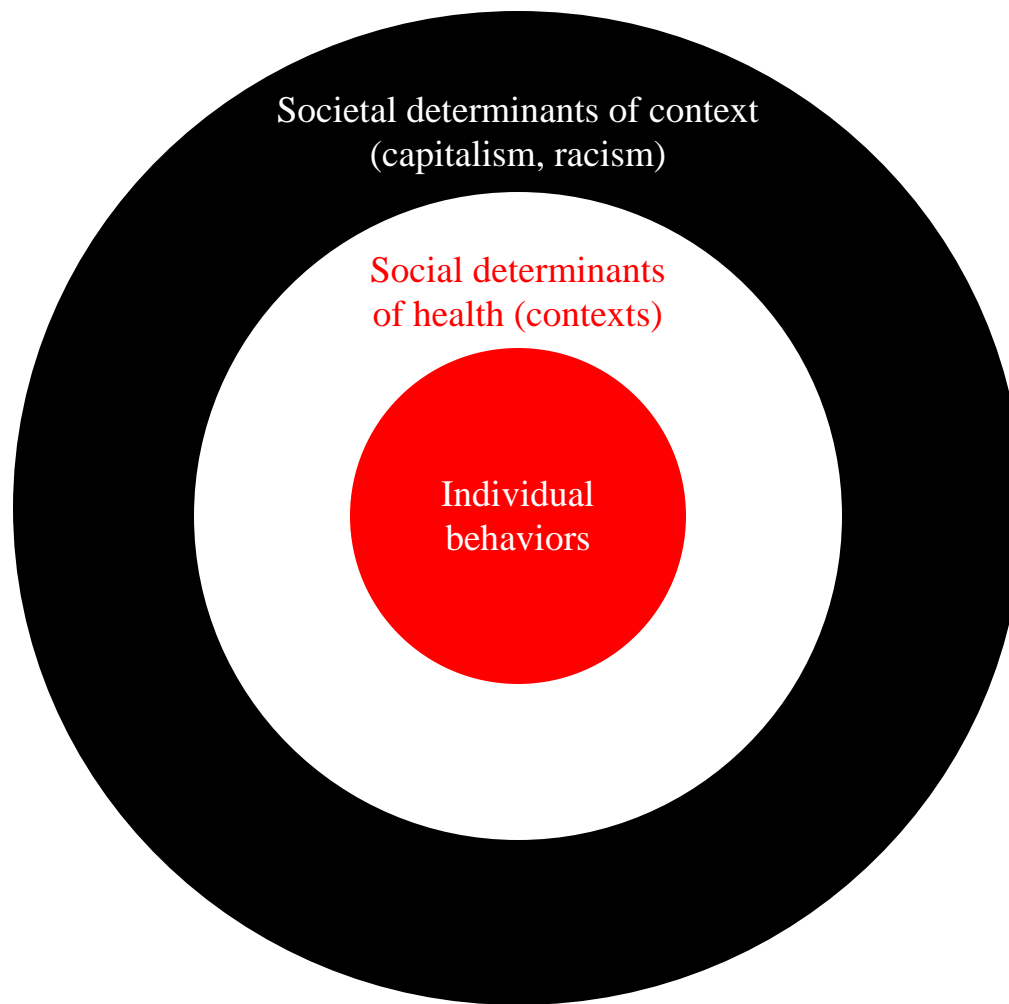
Determinants of health



Determinants of health



Determinants of health



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

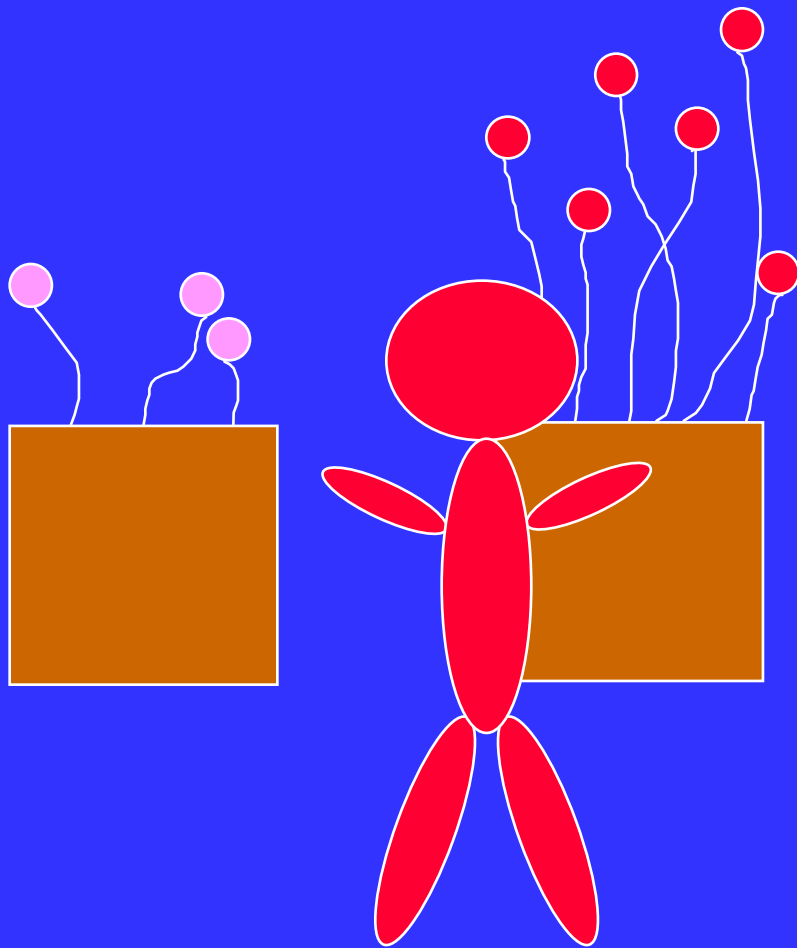
- Acceptance by the stigmatized “races” of negative messages about our own abilities and intrinsic worth
- Examples
 - Self-devaluation
 - White man’s ice is colder
 - Resignation, helplessness, hopelessness
- Accepting limitations to our full humanity



Levels of Racism:

A Gardener's Tale

Who is the gardener?



- Power to decide
- Power to act
- Control of resources

Dangerous when

- Allied with one group
- Not concerned with 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, and norms
 - 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

The background consists of a red triangle on the left side and a black trapezoidal shape on the right side, both pointing towards the top right corner.

Camara Phyllis Jones, MD, MPH, PhD

4770 Buford Highway NE
Mailstop K-67
Atlanta, Georgia 30341

(770) 488-5268 phone
(770) 488-5965 fax

cdj9@cdc.gov



Eliminate health disparities

- Outcomes
- Health disparities paradigm
- Amelioration

Achieve health equity

- Exposures and opportunities
- Minority health paradigm
- Prevention

1 for All

<http://tennessee.gov/health/infantmortality/index.htm>

- Healthy Women
- Baby
- Pregnant
- Not 4 Ur Mom
- Infant Mortality Stats and Facts

Address opportunity

- Domains
 - Education
 - Housing
 - Labor
 - Justice
 - Transportation
 - . . .

Address opportunity

- Self-determination
 - Power to decide
 - Power to act
 - Control of resources

Address societal valuation

- Community skills and assets inventory
- Community organizing
- Investment in education so all can know and develop to full potentials
- National campaign against racism:
“Racism is a threat to the health and well-being of the nation”

What is racism?

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 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

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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

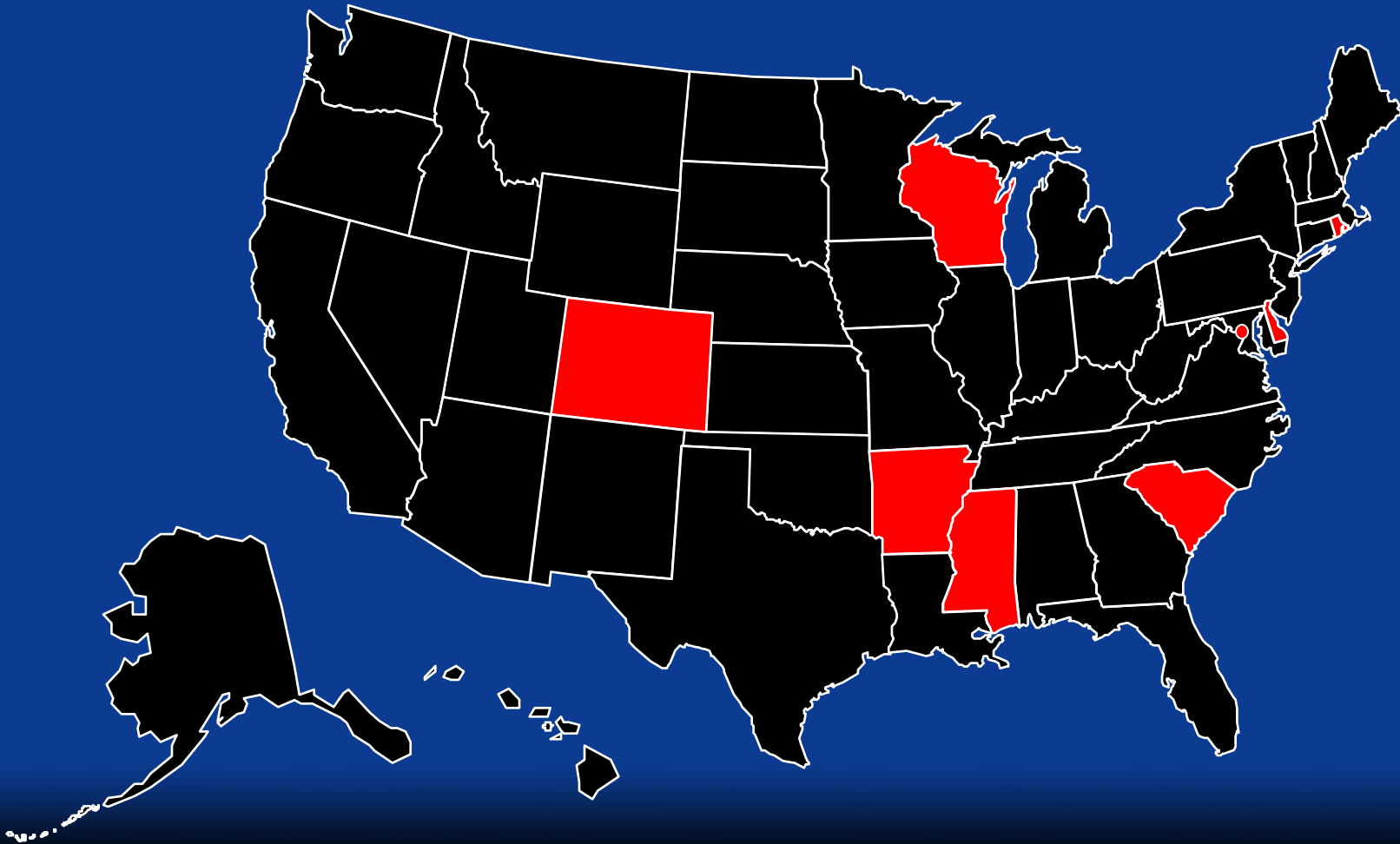
“Reactions to Race” module

- 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"

Arkansas		2004	
California	2002		
Colorado		2004	
Delaware	2002	2004	2005
District of Columbia		2004	
Florida	2002		
Mississippi		2004	
New Hampshire	2002		
New Mexico	2002		
North Carolina	2002		
Ohio		2003	2005
Rhode Island		2004	
South Carolina		2003	2004
Wisconsin		2004	2005

States using "Reactions to Race" module on 2004 BRFSS



**Arkansas, Colorado, Delaware, District of Columbia,
Mississippi, Rhode Island, South Carolina, Wisconsin**

Socially-assigned “race”

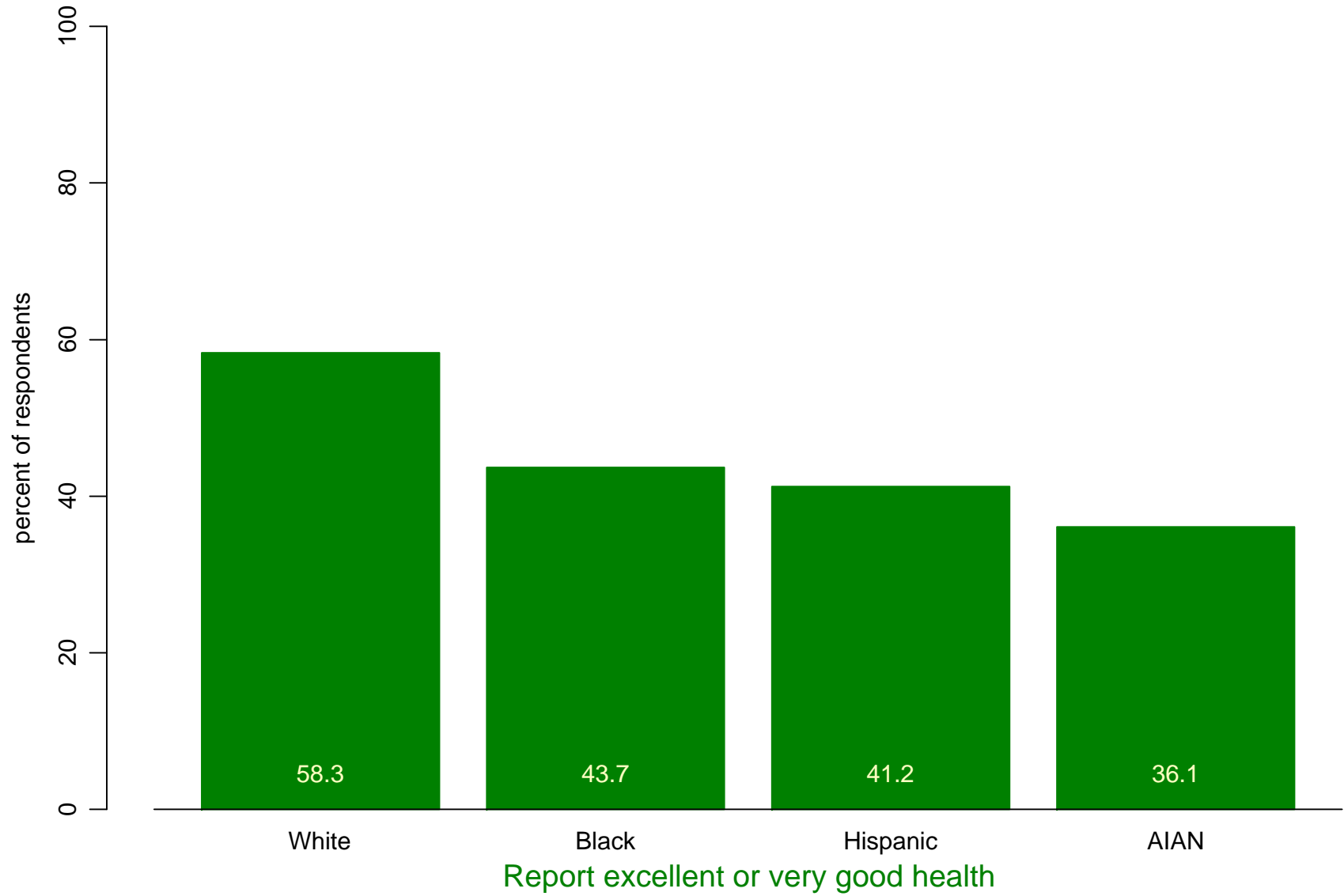
- **How do other people usually classify you in this country? Would you say:**
 - ◆ White
 - ◆ Black or African-American
 - ◆ Hispanic or Latino
 - ◆ Asian
 - ◆ Native Hawaiian or Other Pacific Islander
 - ◆ American Indian or Alaska Native
 - ◆ Some other group

General health status

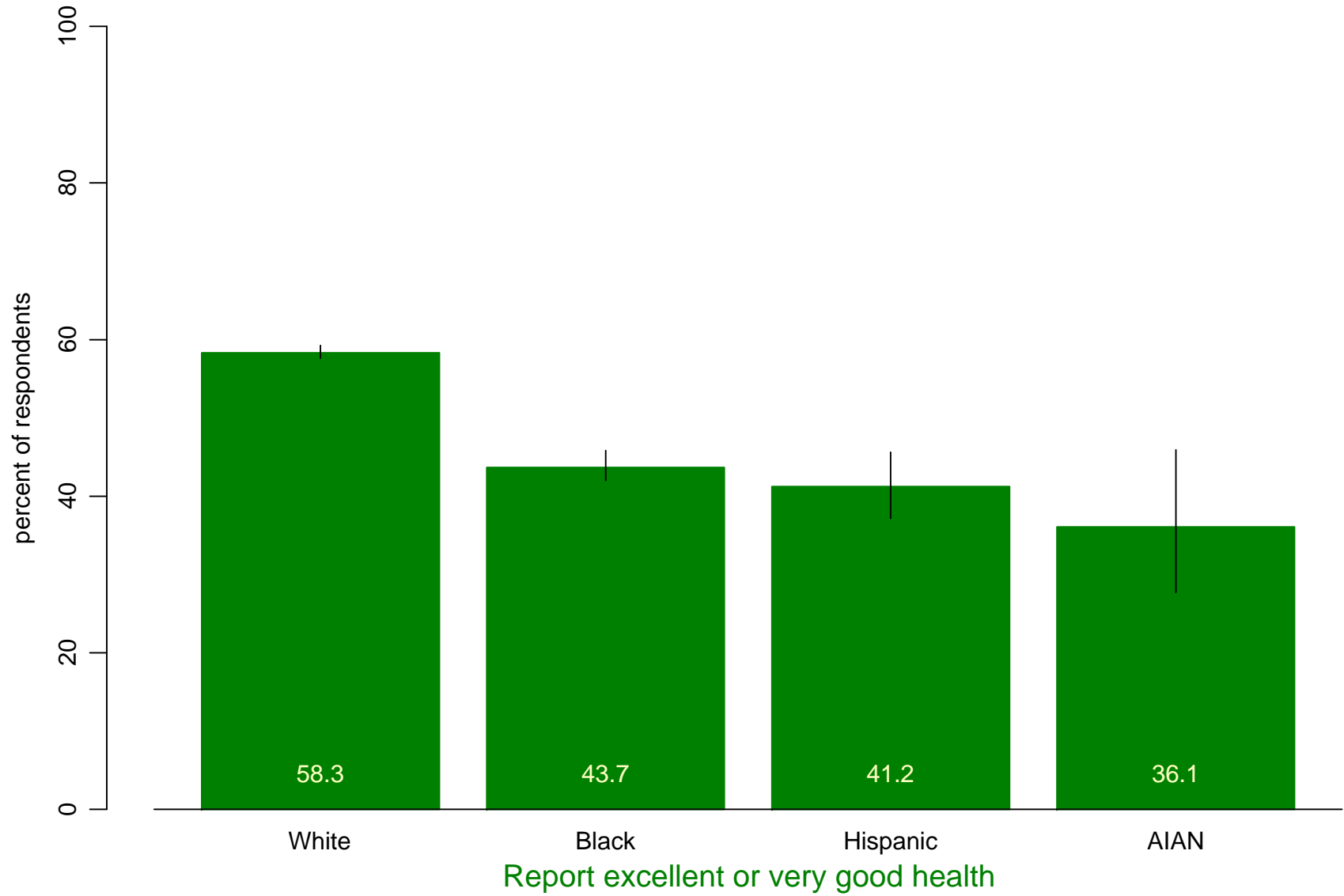
- **Would you say that in general your health is:**

- ◆ Excellent
- ◆ Very good
- ◆ Good
- ◆ Fair
- ◆ Poor

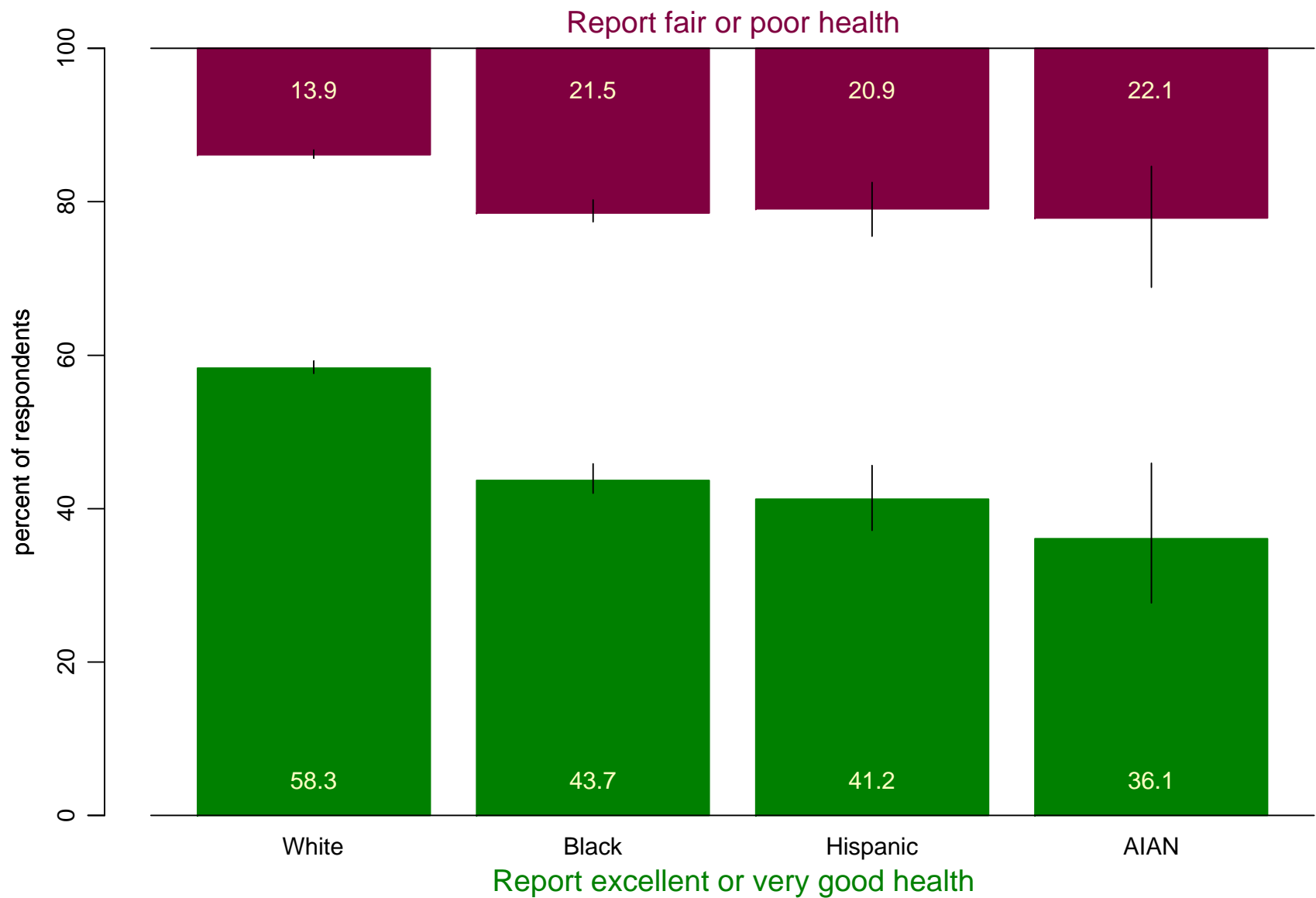
General health status by socially-assigned "race", 2004 BRFSS



General health status by socially-assigned "race", 2004 BRFSS



General health status by socially-assigned "race", 2004 BRFSS



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

How self-identify

	White 27,034	Black 5,333	Hispanic 1,138	AIAN 191
White	96.0	0.5	7.1	16.2
Black	0.1	93.7	4.2	7.3
Hispanic	1.5	1.4	82.2	7.9
AIAN	0.5	0.4	1.8	56.5
...	1.9	4.0	4.6	12.0

Two measures of "race"

How usually classified by others

White Black Hispanic AIAN . . .

How self-identify

White 26,373	98.4	0.1	0.3	0.1	1.1
Black 5,246	0.5	95.3	0.9	0.3	3.0

Two measures of "race"

How usually classified by others

White Black Hispanic AIAN . . .

How self-identify

White 26,373	98.4	0.1	0.3	0.1	1.1
Black 5,246	0.5	95.3	0.9	0.3	3.0
Hispanic 1,528	26.4	4.7	61.3	1.0	6.6

Two measures of "race"

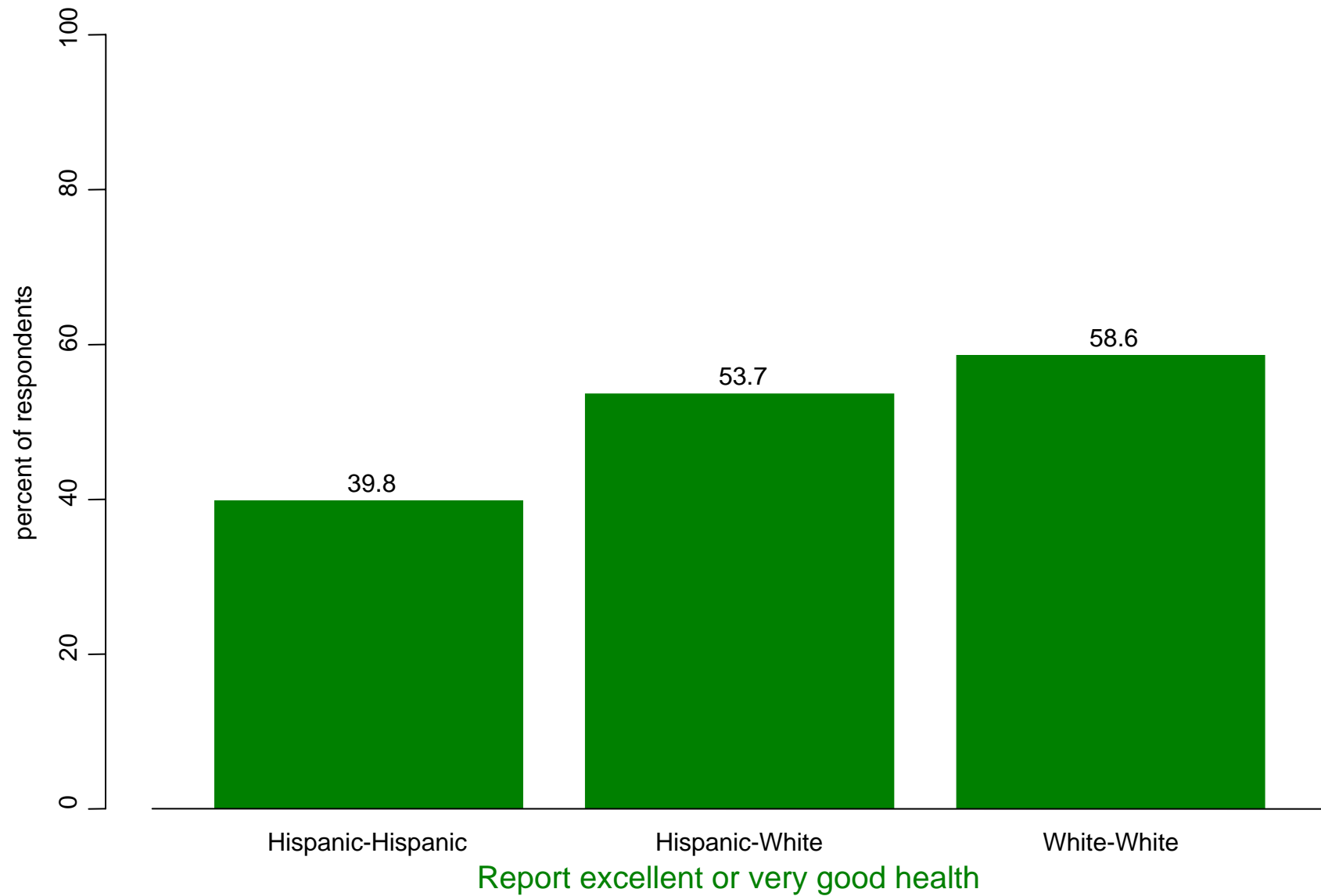
How usually classified by others

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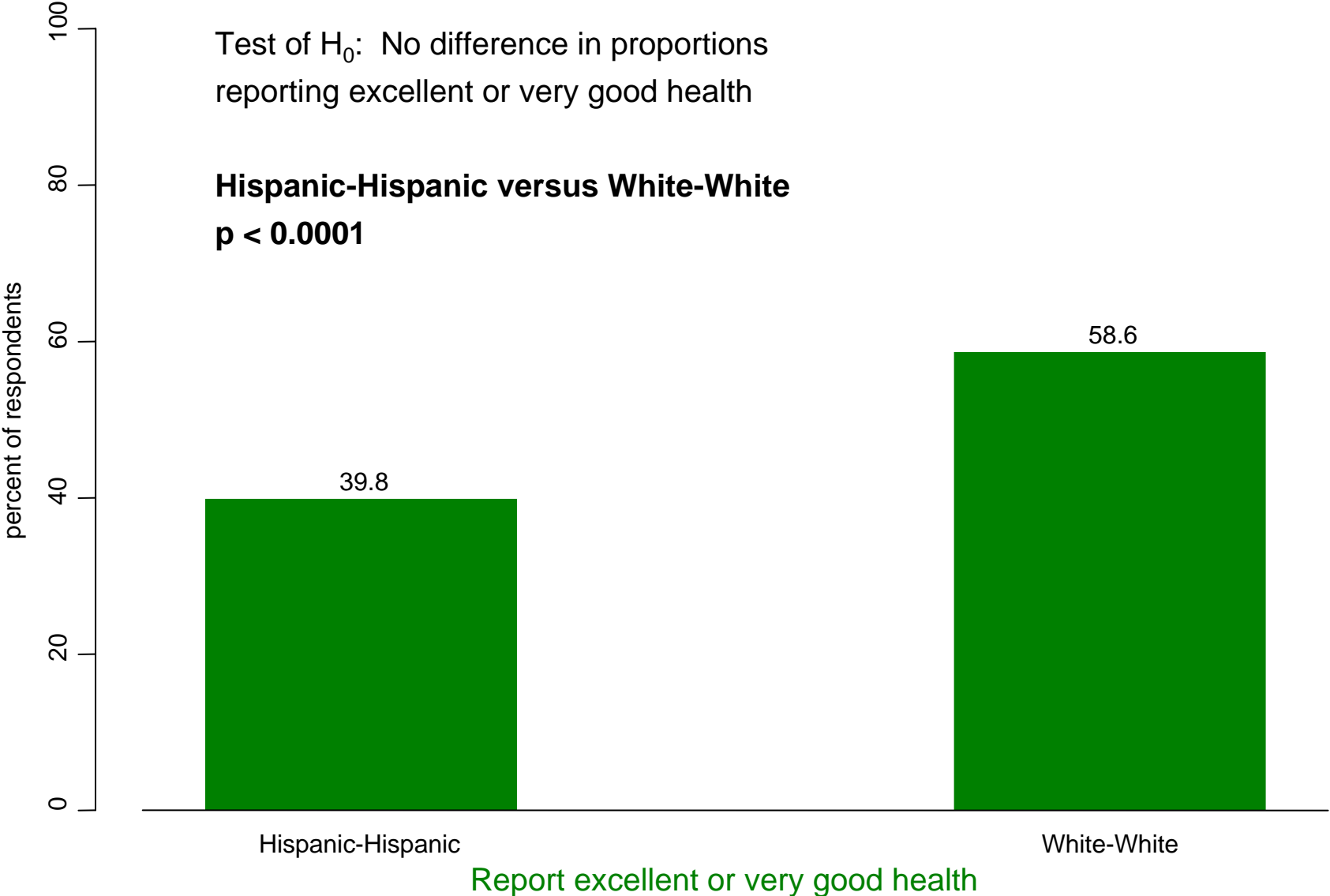
How self-identify

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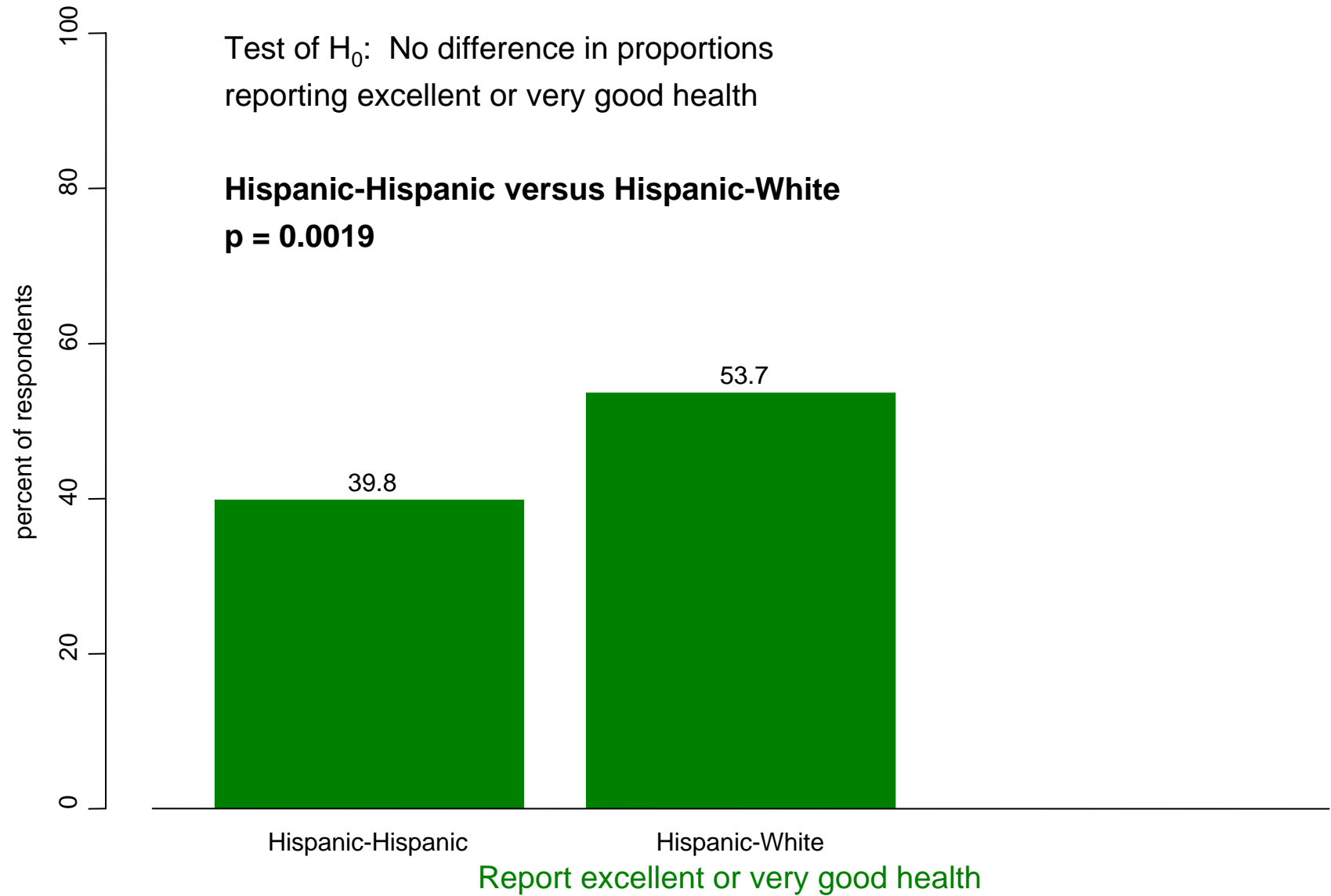
General health status, by self-identified and socially-assigned "race", 2004



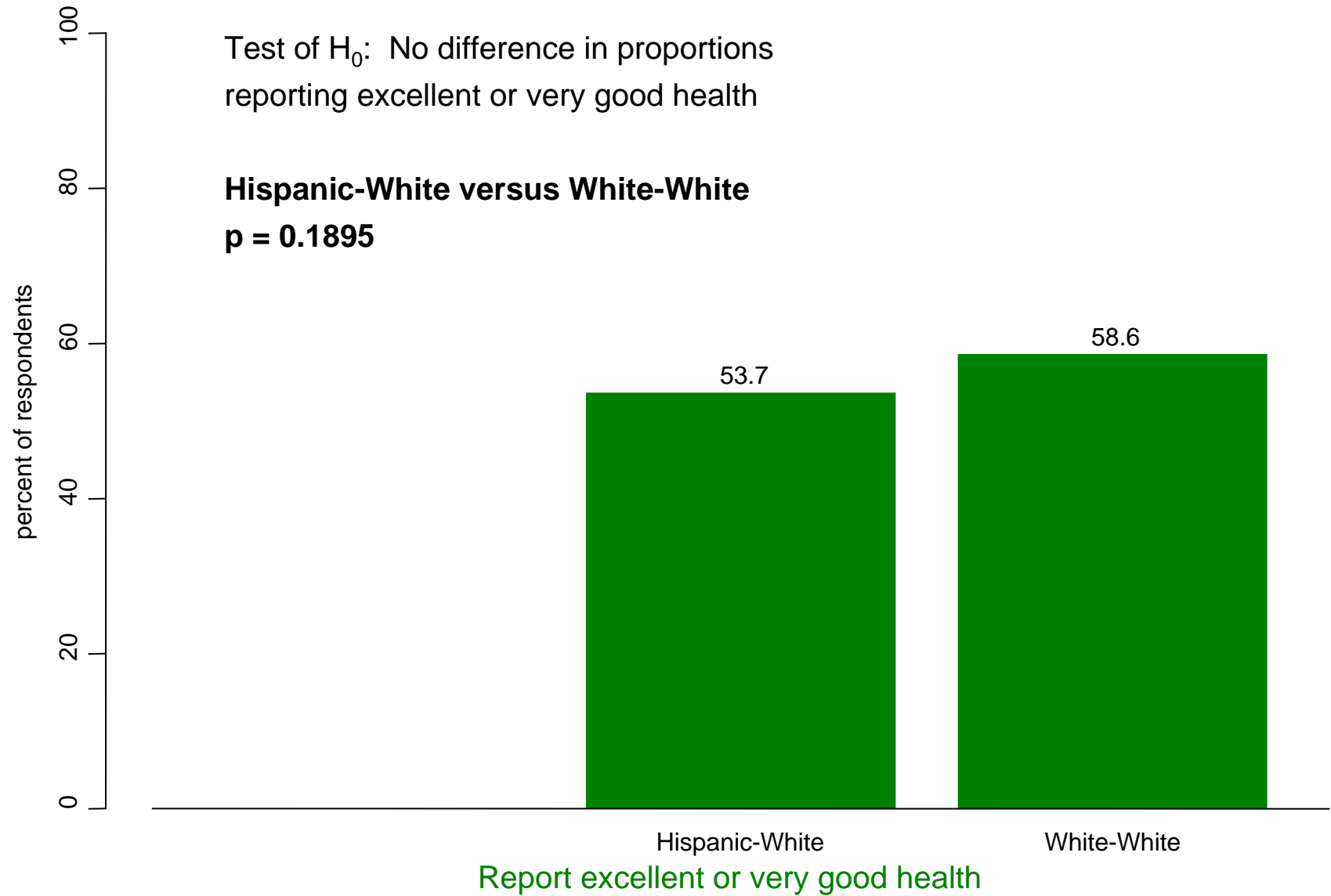
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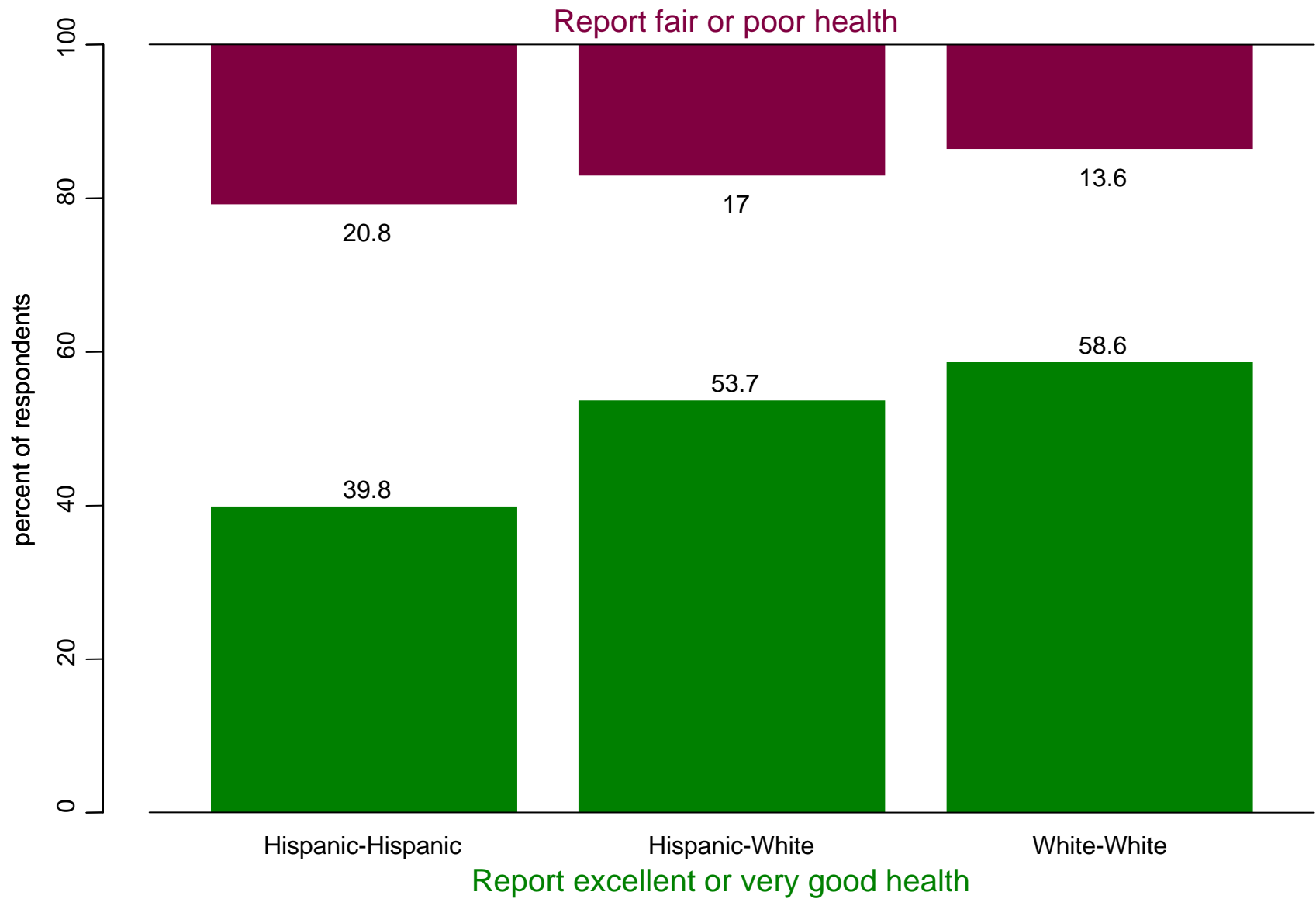
General health status, by self-identified and socially-assigned "race", 2004



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



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



Two measures of "race"

How usually classified by others

White Black Hispanic AIAN ...

How self-identify

White 26,373	98.4	0.1	0.3	0.1	1.1
Black 5,246	0.5	95.3	0.9	0.3	3.0
Hispanic 1,528	26.4	4.7	61.3	1.0	6.6
AIAN 321	45.5	6.9	6.5	33.6	7.5

Two measures of "race"

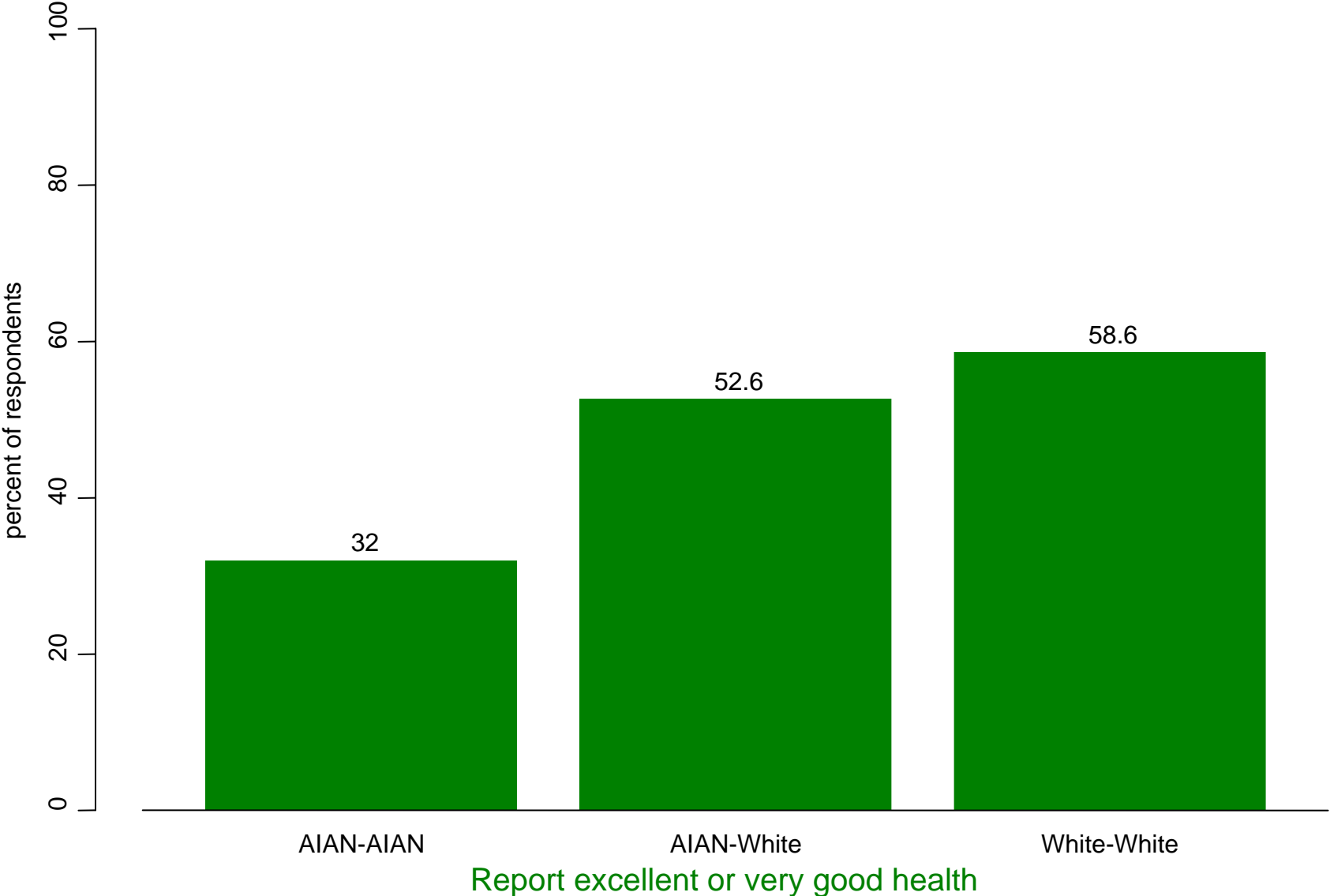
How usually classified by others

White Black Hispanic AIAN ...

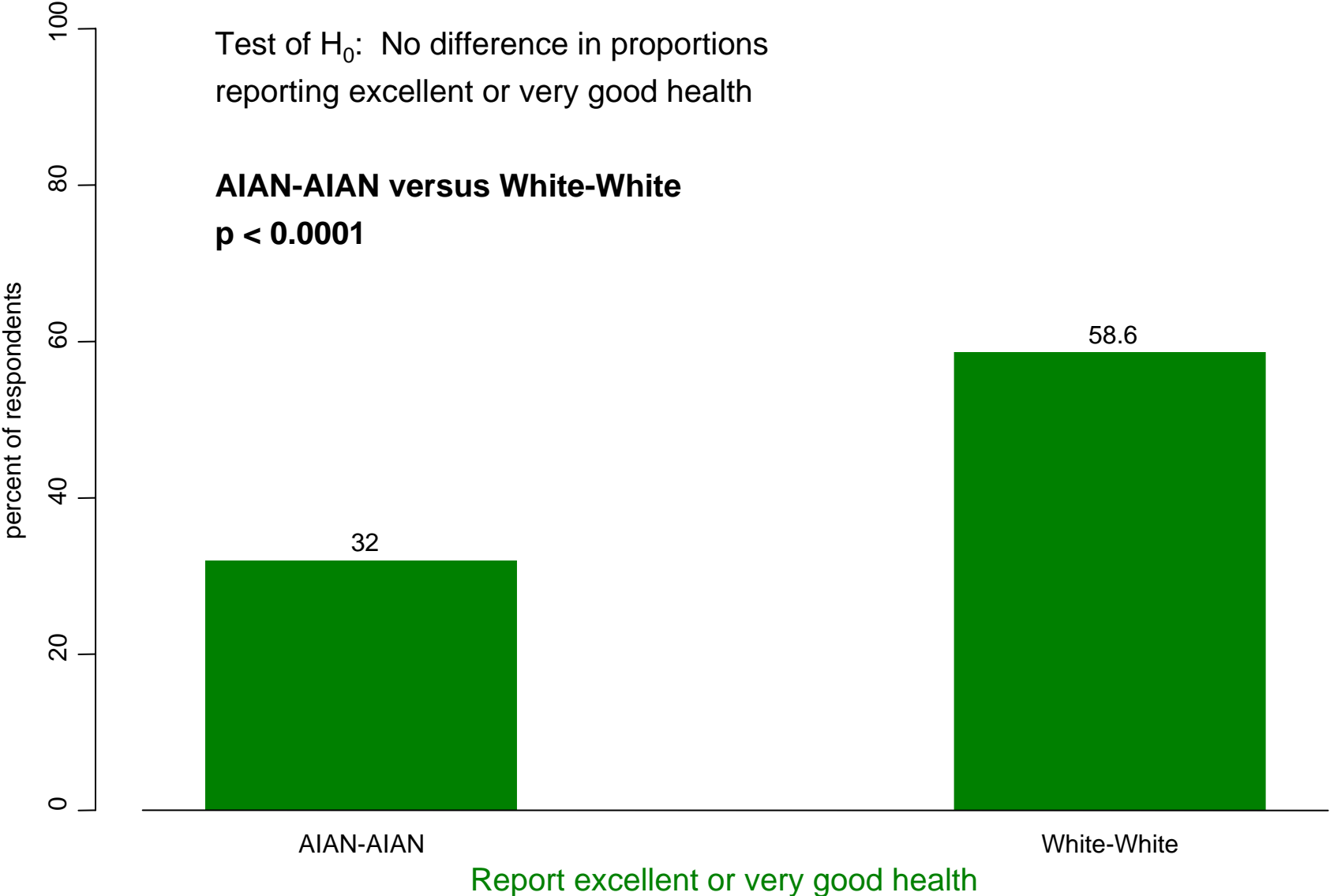
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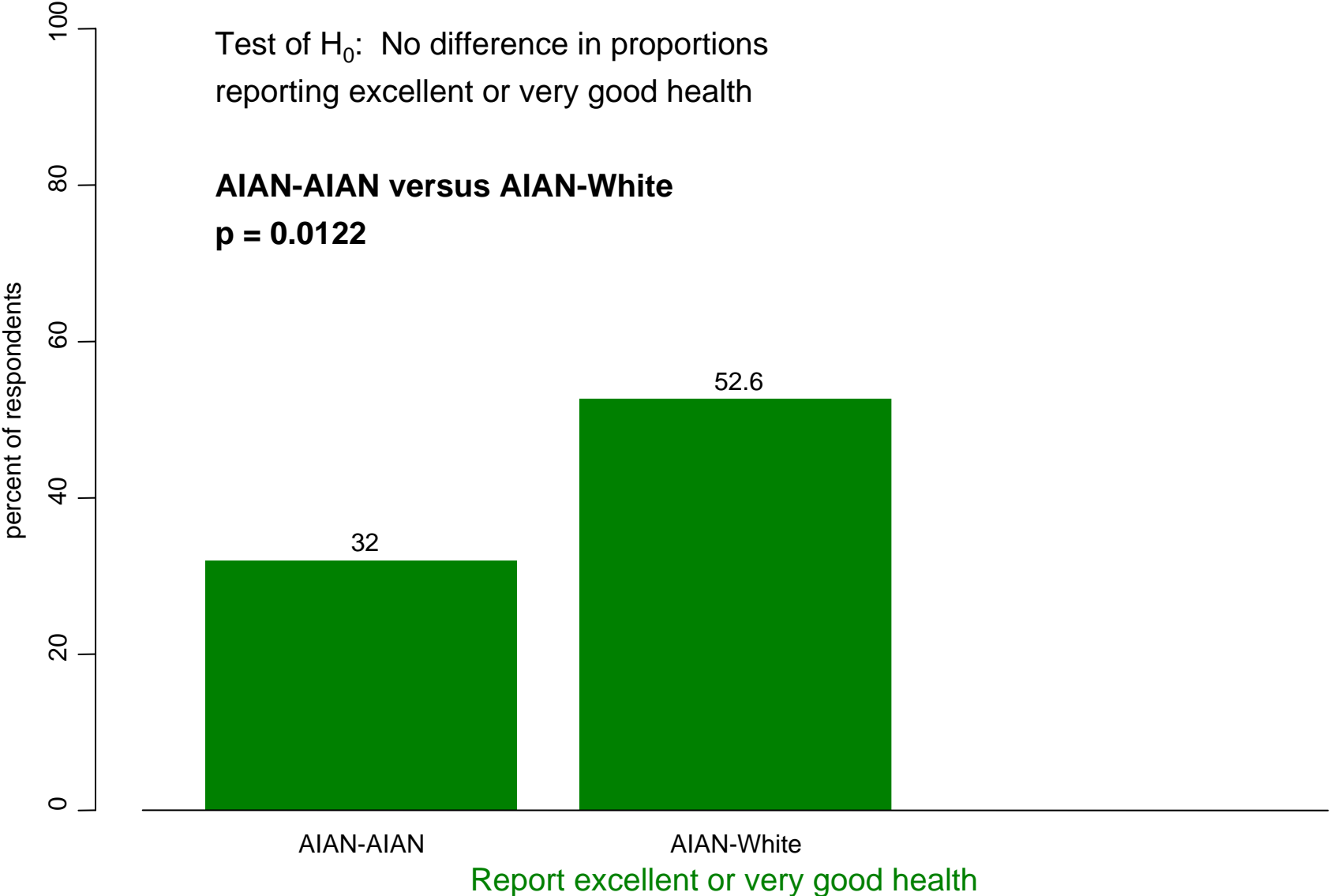
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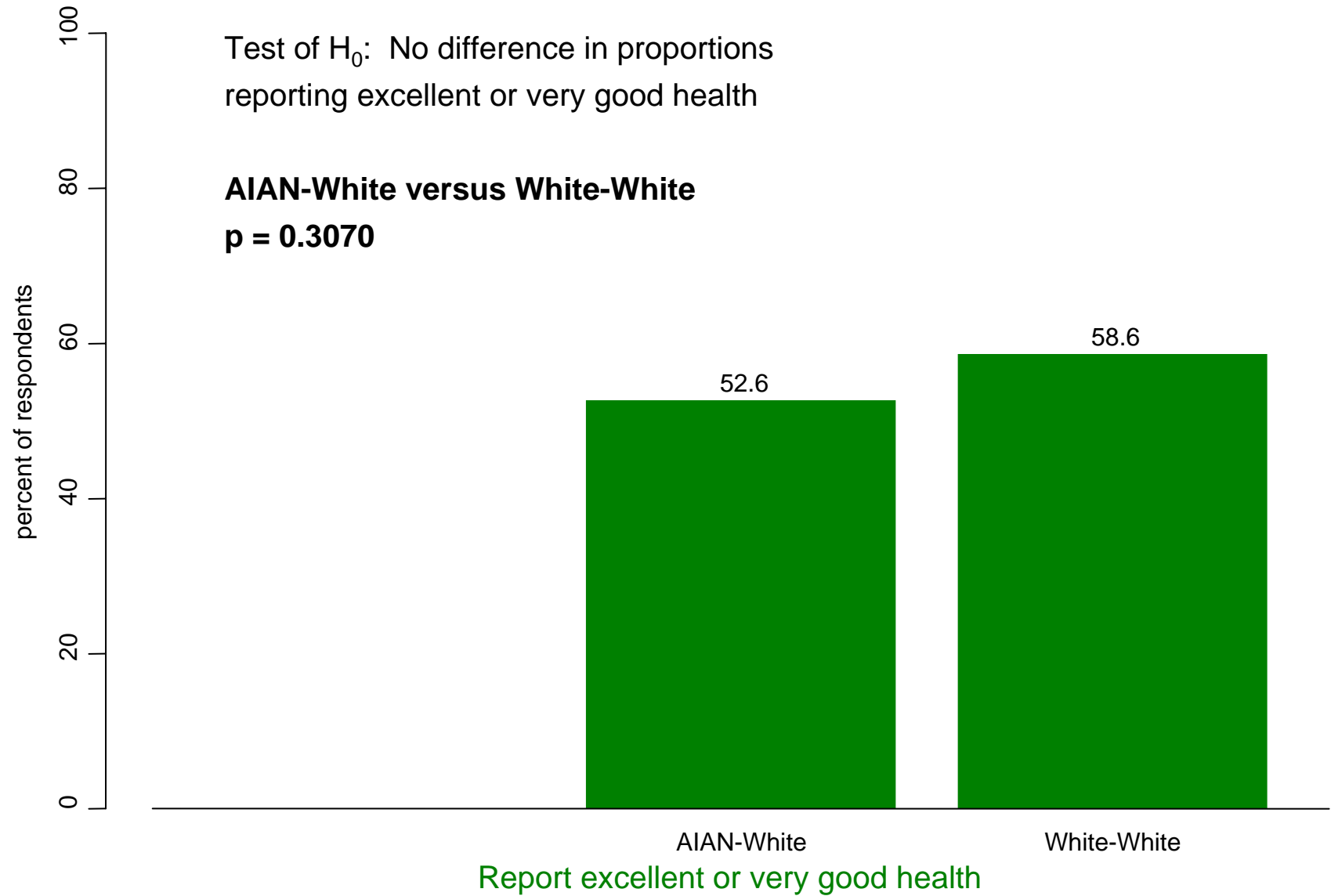
General health status, by self-identified and socially-assigned "race", 2004



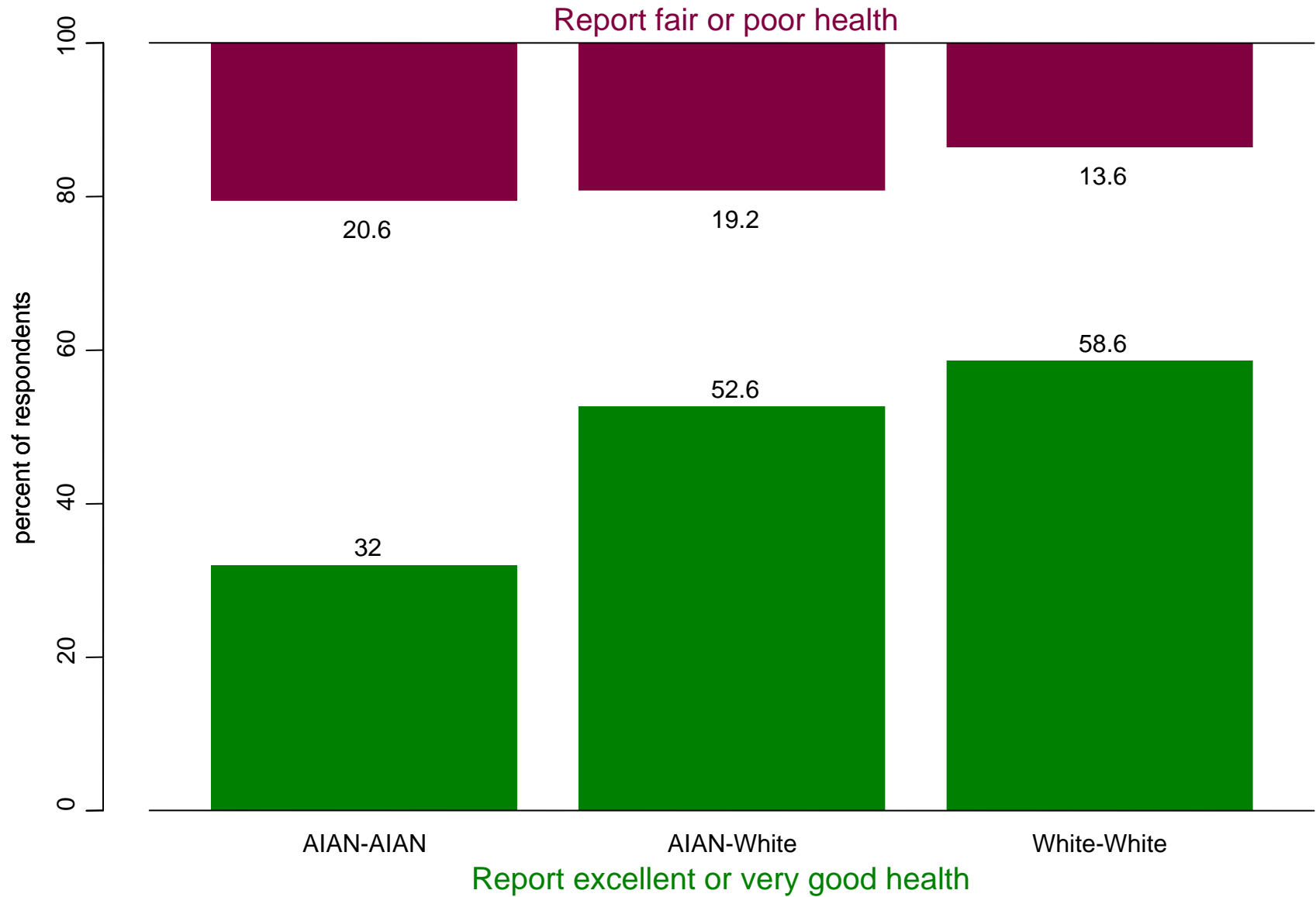
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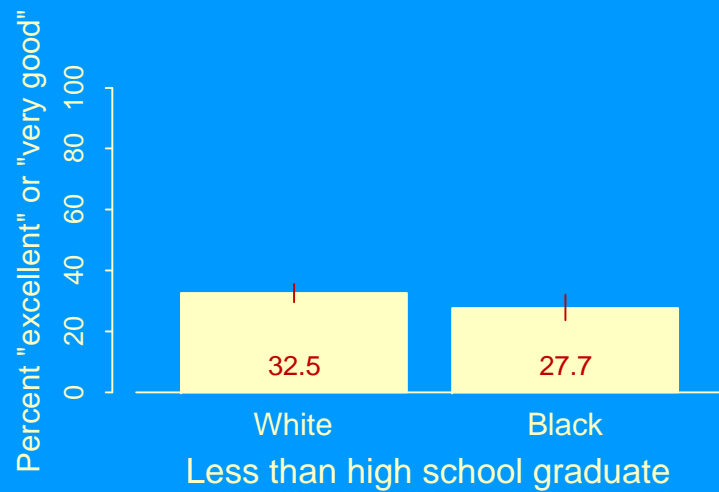
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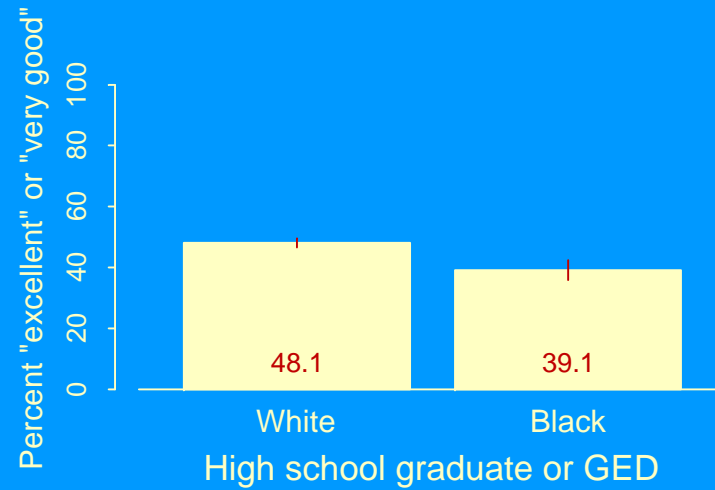
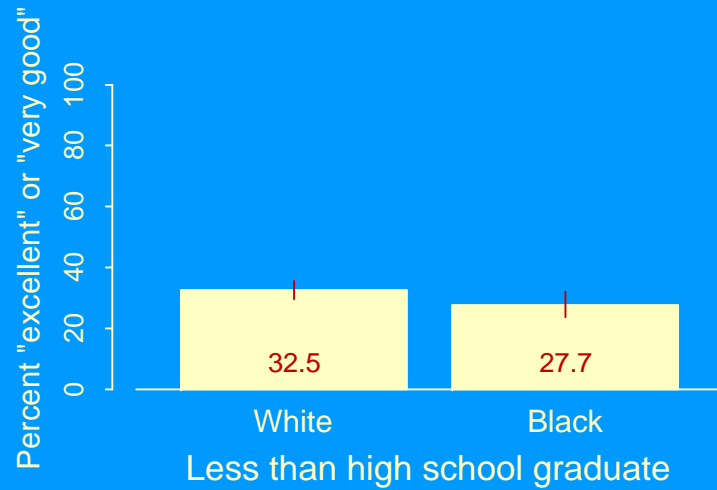
General health status and “race”

- “White” social experience associated with better health
 - ◆ Even within the same self-identified “race”/ethnic group

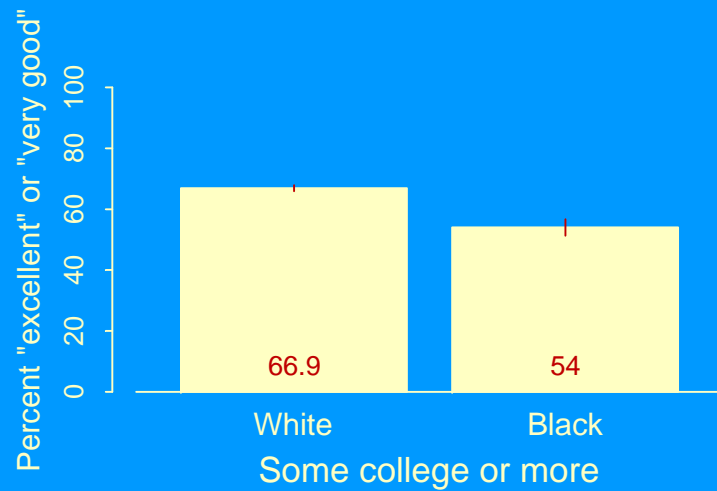
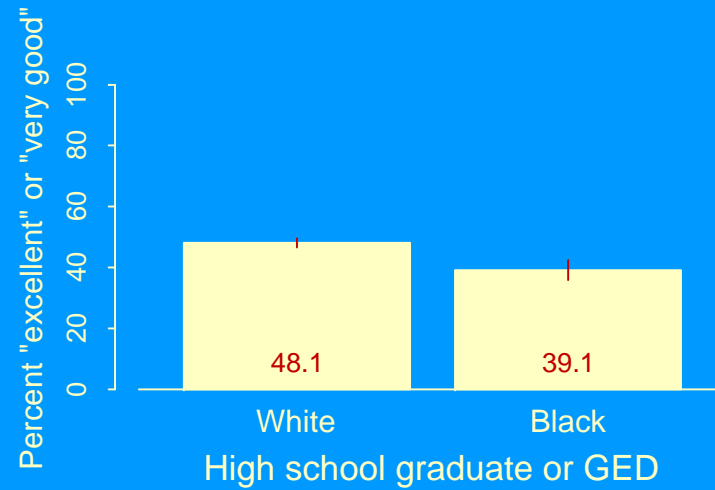
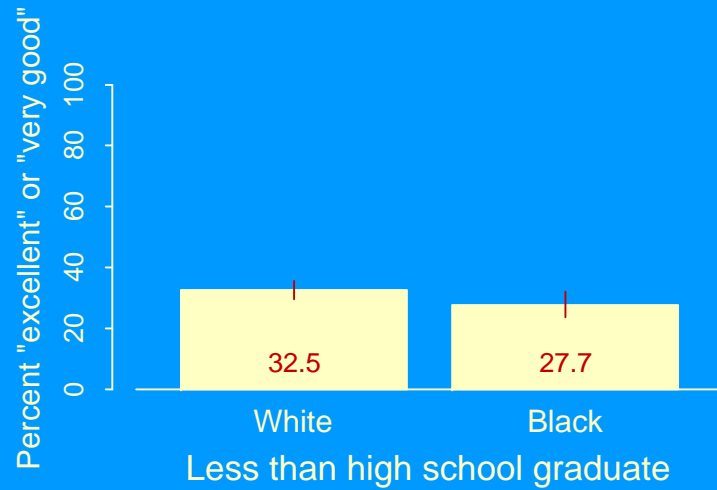
General health status by education and "race", 2004 BRFSS



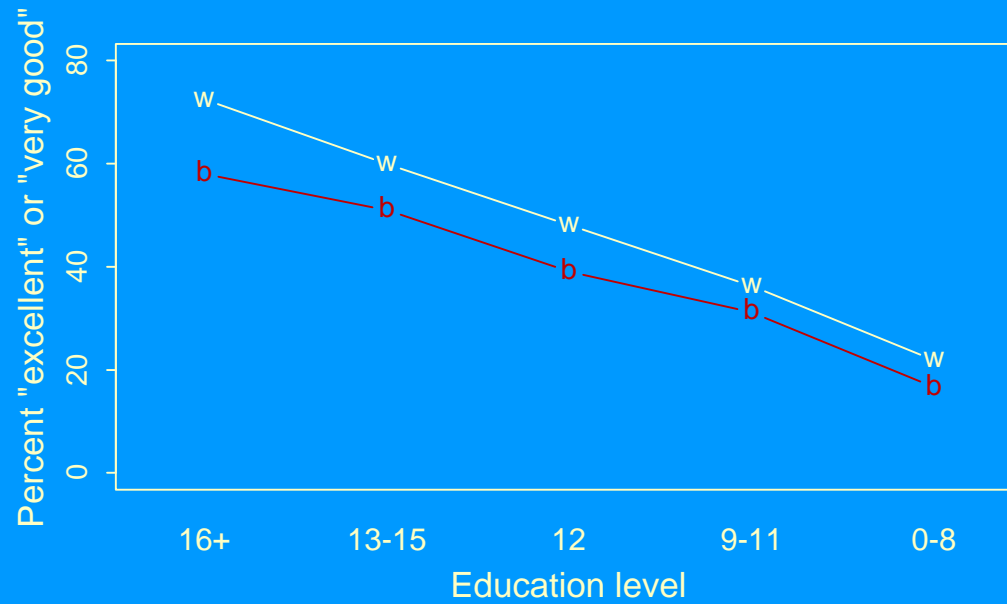
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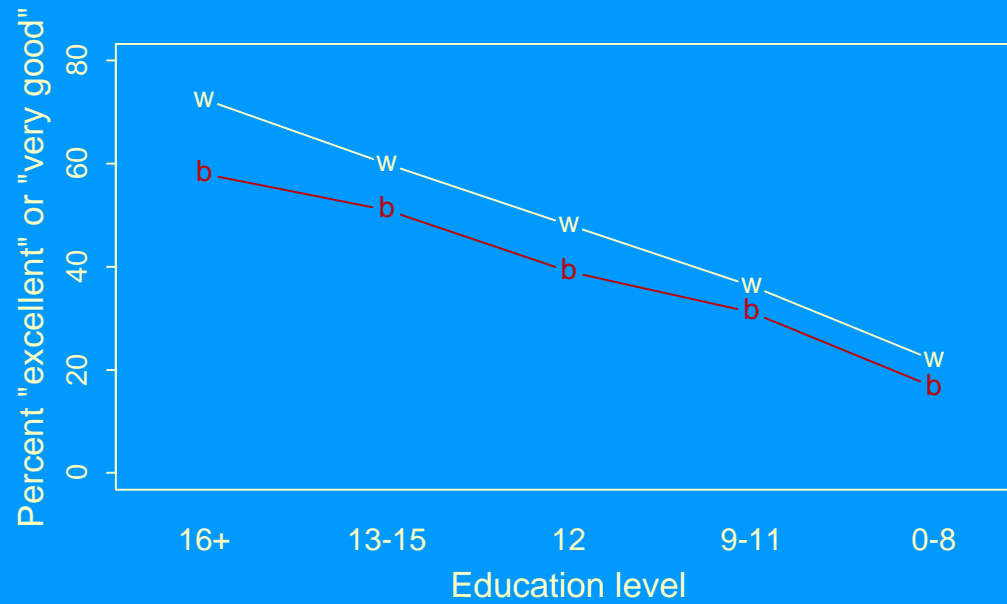
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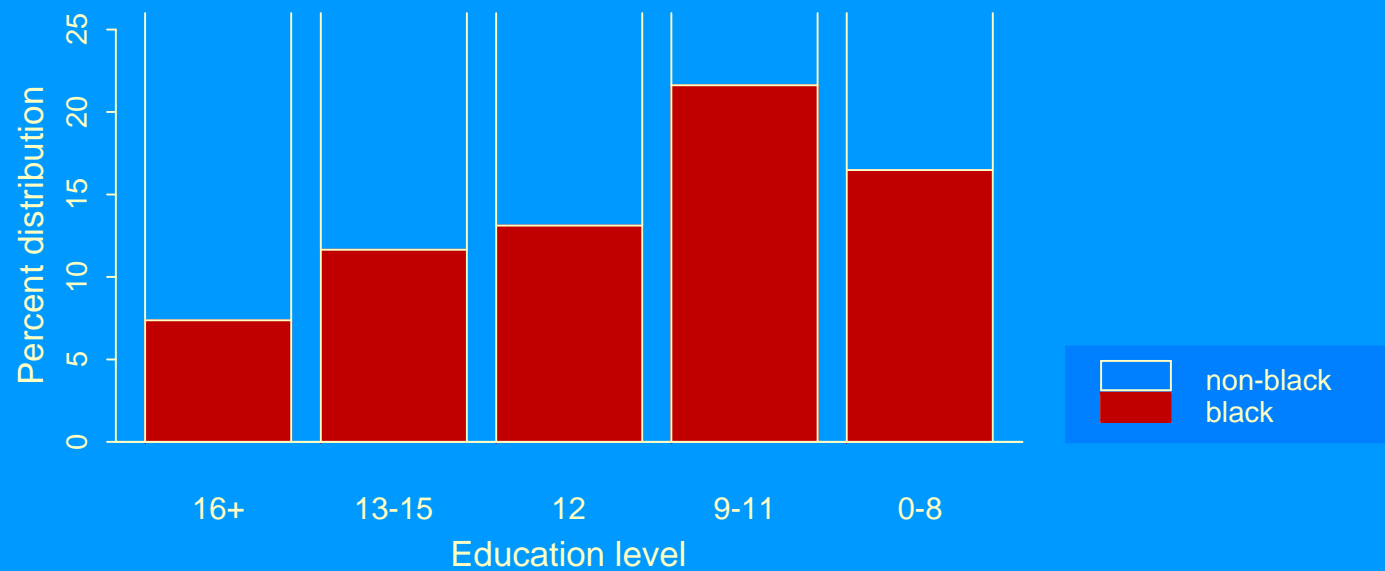
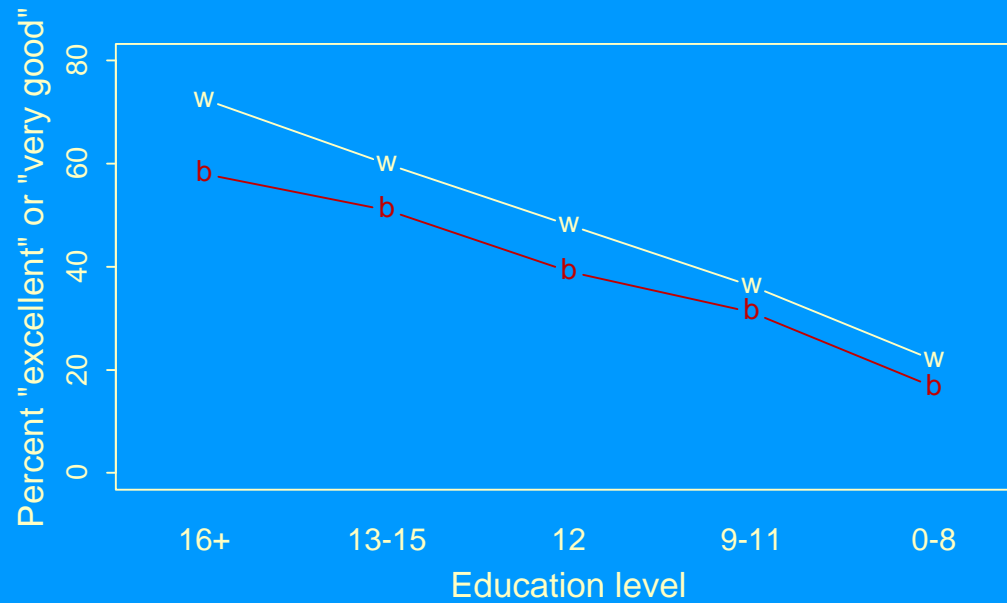
General health status and “race”

- “White” social experience associated with better health
 - ◆ Even within the same self-identified “race”/ethnic group
 - ◆ Even within the same educational level

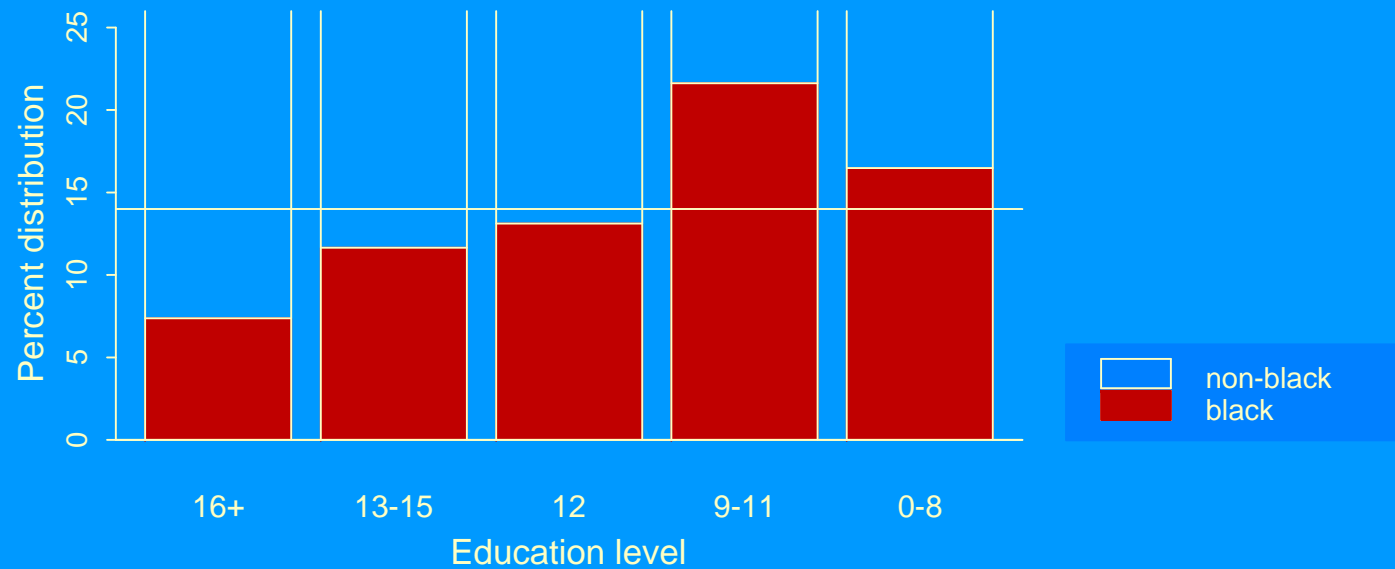
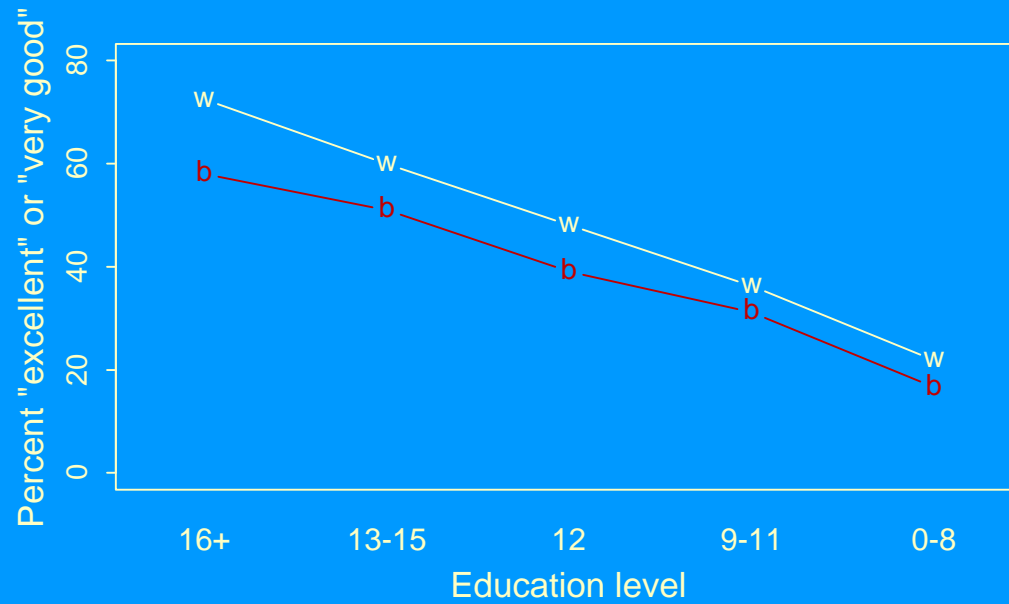
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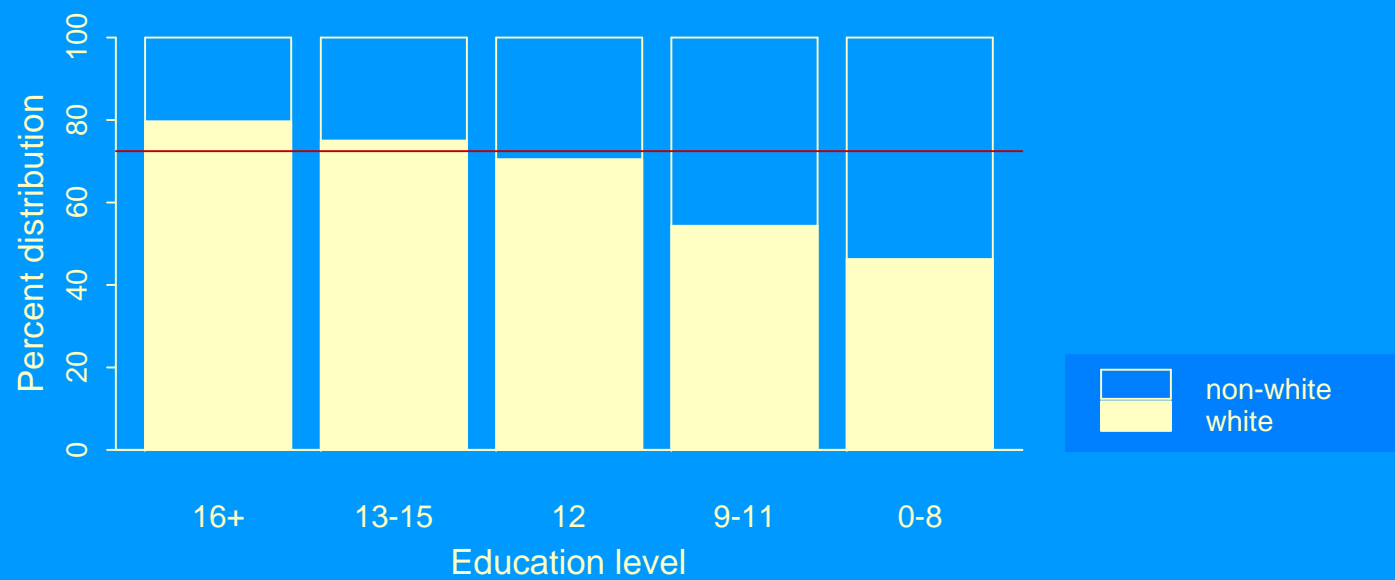
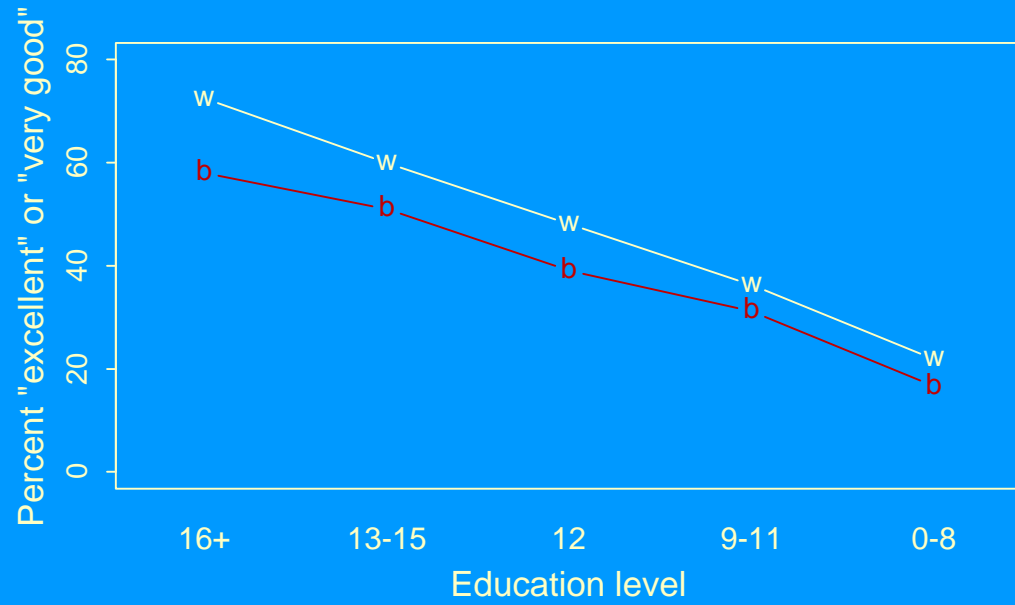
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General health status and “race”

- “White” social experience associated with better health
 - ◆ Even within the same self-identified “race”/ethnic group
 - ◆ Even within the same educational level
- “White” social experience associated with higher education

Key questions

- WHY is socially-assigned “race” associated with self-reported general health status?
 - ◆ Even within the same self-identified “race”/ethnic group
 - ◆ Even within the same educational level
- WHY is socially-assigned “race” associated with educational level?

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

