

The Impacts of Racism on Health

Camara Phyllis Jones, MD, MPH, PhD

Department of Health and Social Behavior

Department of Epidemiology

Division of Public Health Practice

Harvard School of Public Health

“Race”-associated differences

- Routinely documented
- Poorly explained
- Treated as confounding

Dangers

- Impedes advance of science
- Limits primary prevention
- Perpetuates biological determinism

“Race” as a proxy

- Socioeconomic status
- Culture
- Genes

“Race” is a precise measure

- Social classification
- Differences in life experience
- Effects of racism

“Race” is a social construct

- Born with a heritage
- Assigned a “race”
- Variable between countries
- Variable over time

Levels of racism

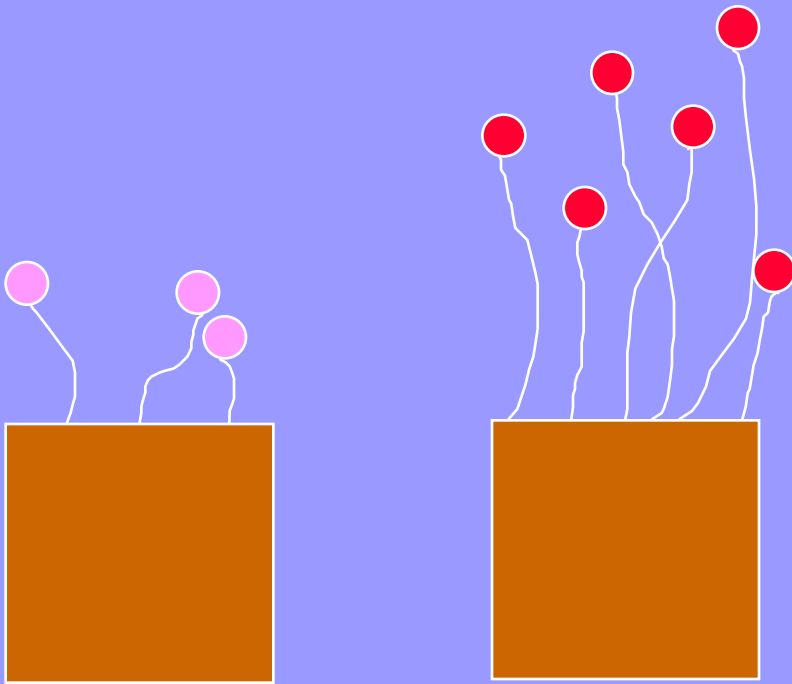
- Institutionalized
- Personally-mediated
- Internalized



Levels of Racism:

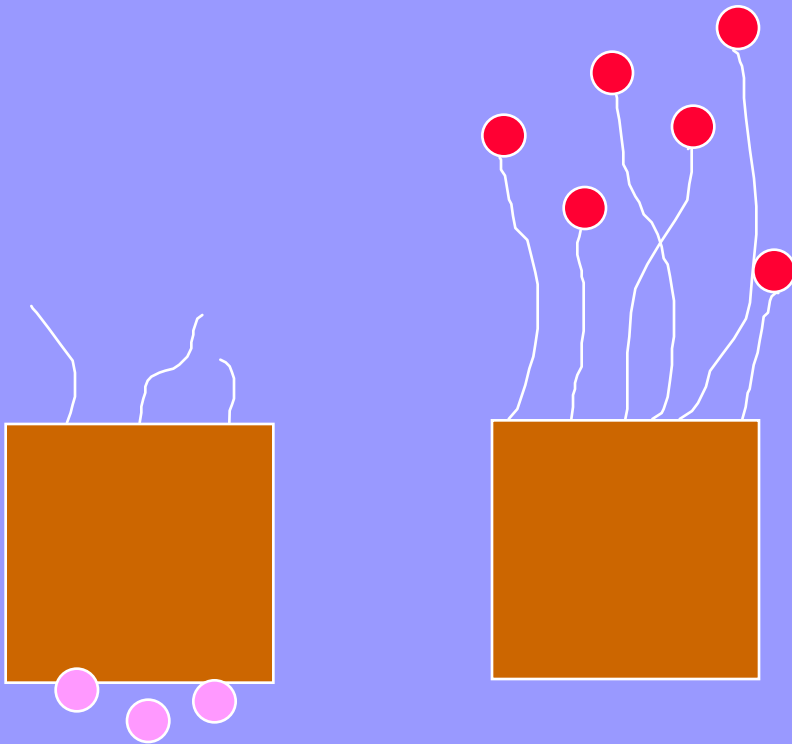
A Gardener's Tale

Institutionalized racism



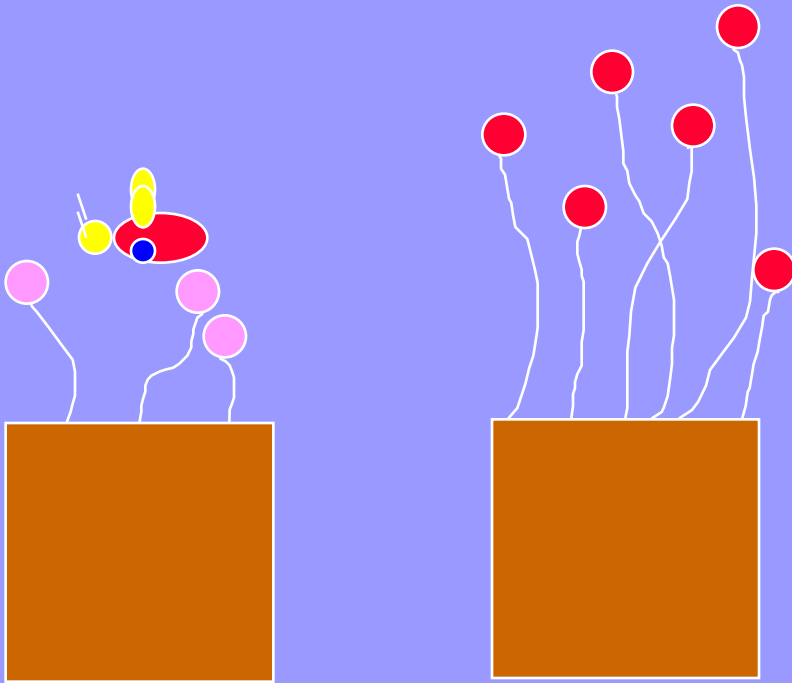
- Initial historical insult
- Structural barriers
- Inaction in face of need
- Societal norms
- Biological determinism
- Unearned privilege

Personally-mediated racism



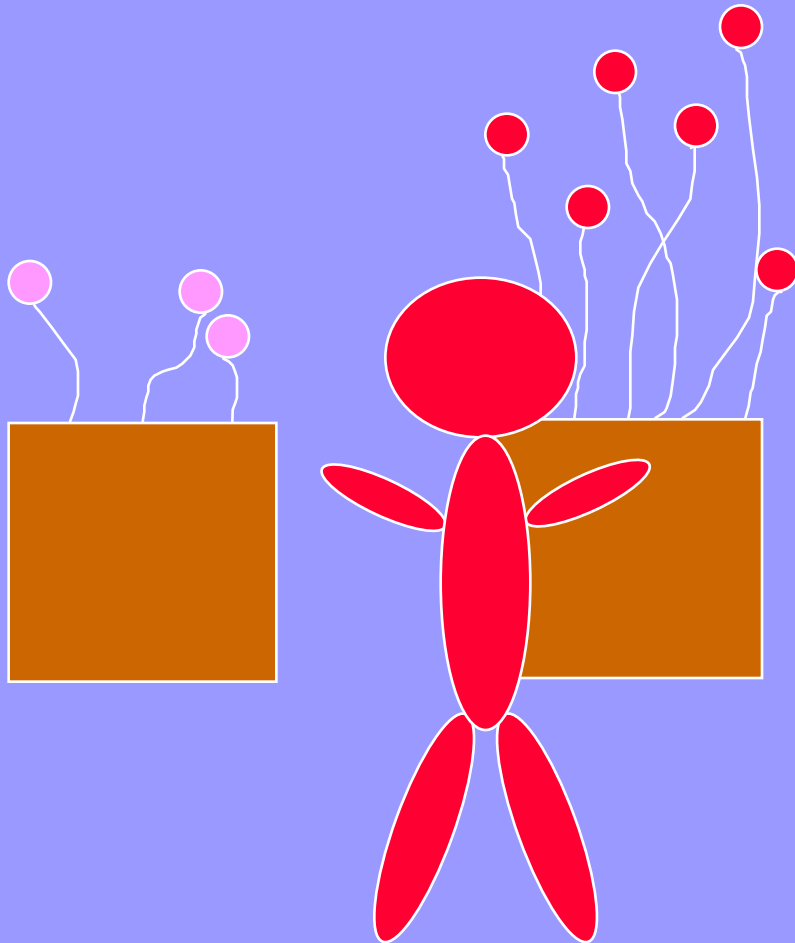
- Intentional
- Unintentional
- Acts of commission
- Acts of omission
- Maintains structural barriers
- Condoned by societal norms

Internalized racism



- Reflects systems of privilege
- Reflects societal values
- Erodes individual sense of value
- Undermines collective action

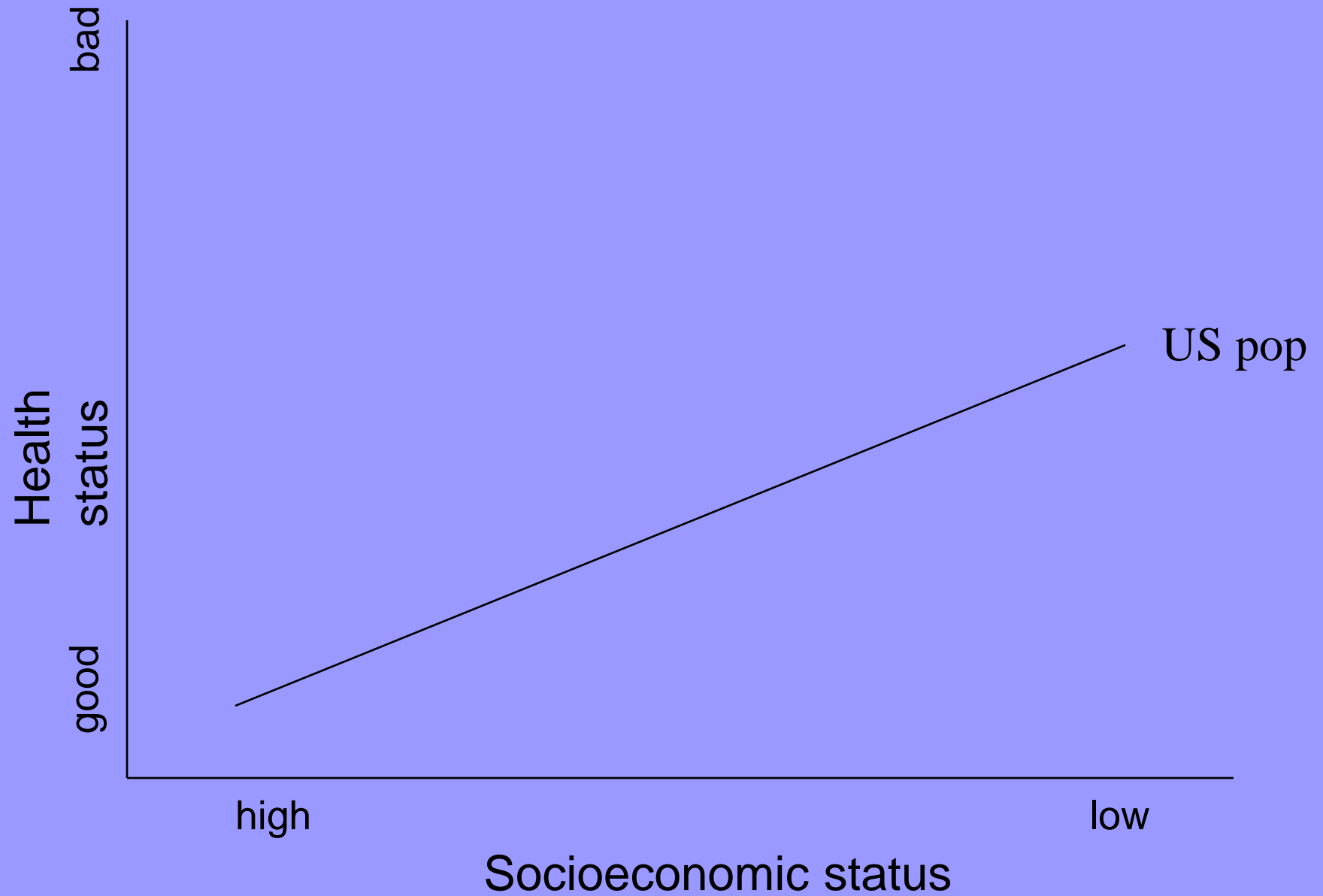
Who is the gardener?

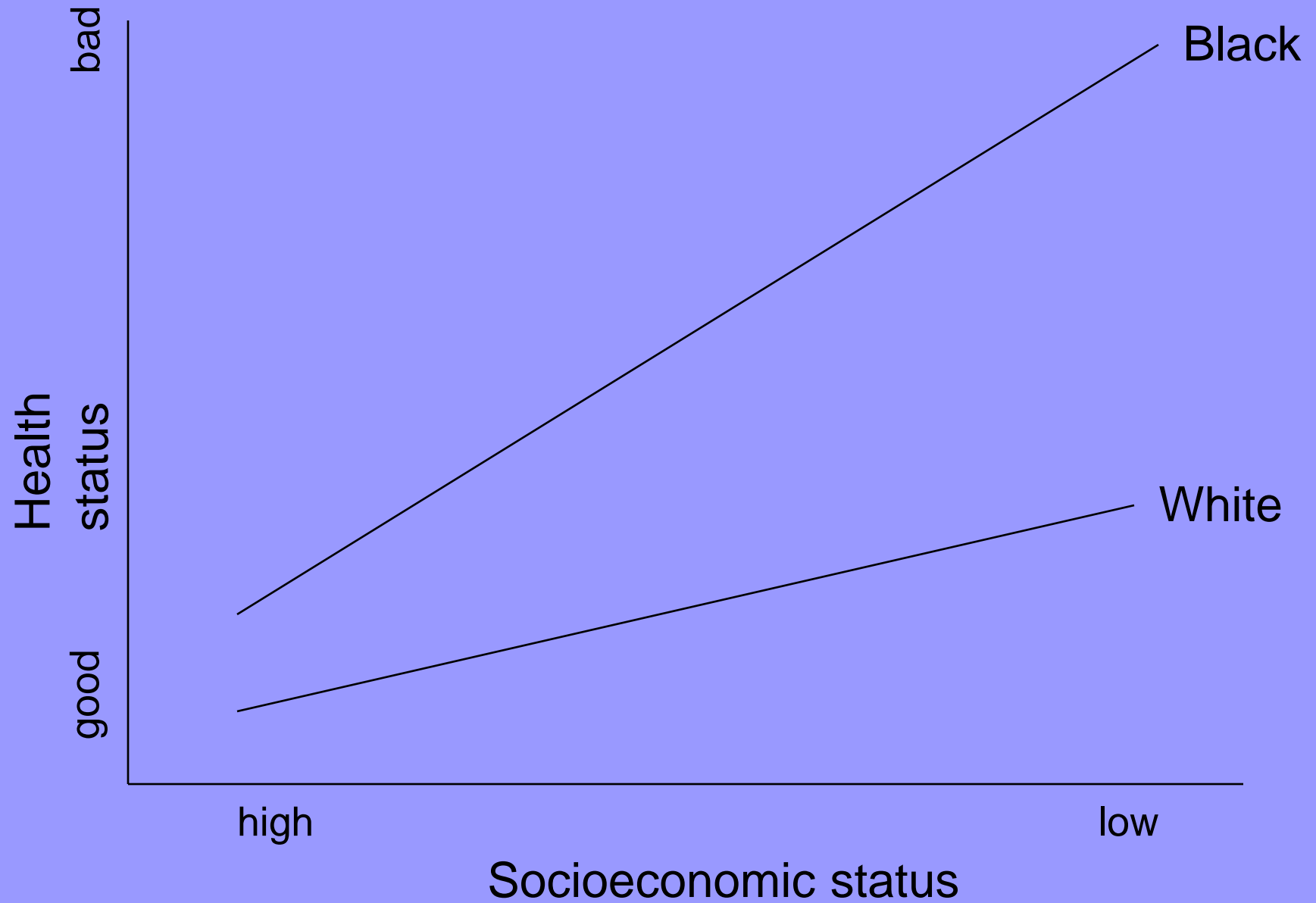


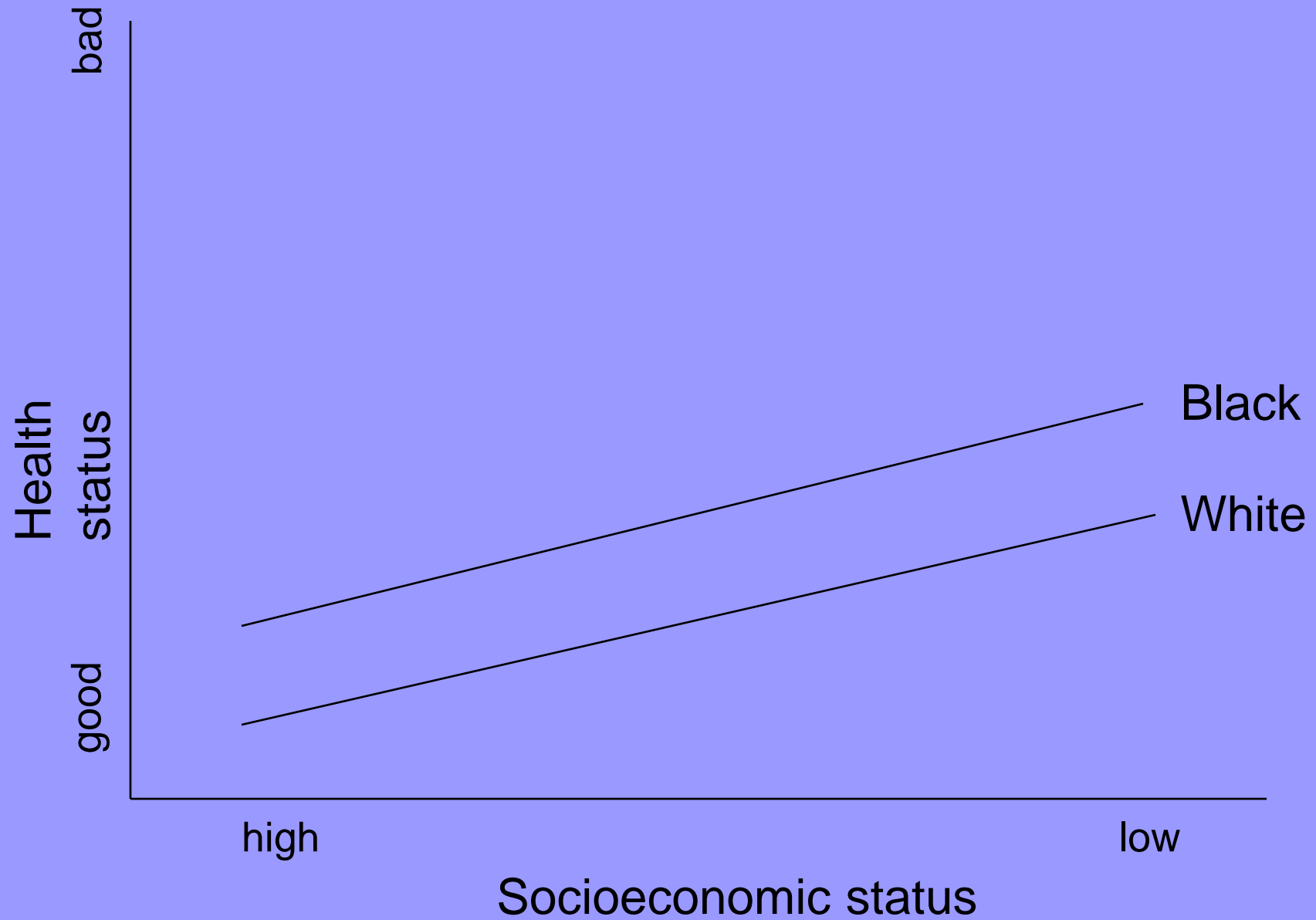
- Government
- Power to decide
- Power to act
- Control of resources
- Dangerous when
- Allied with one group
- Not concerned with equity

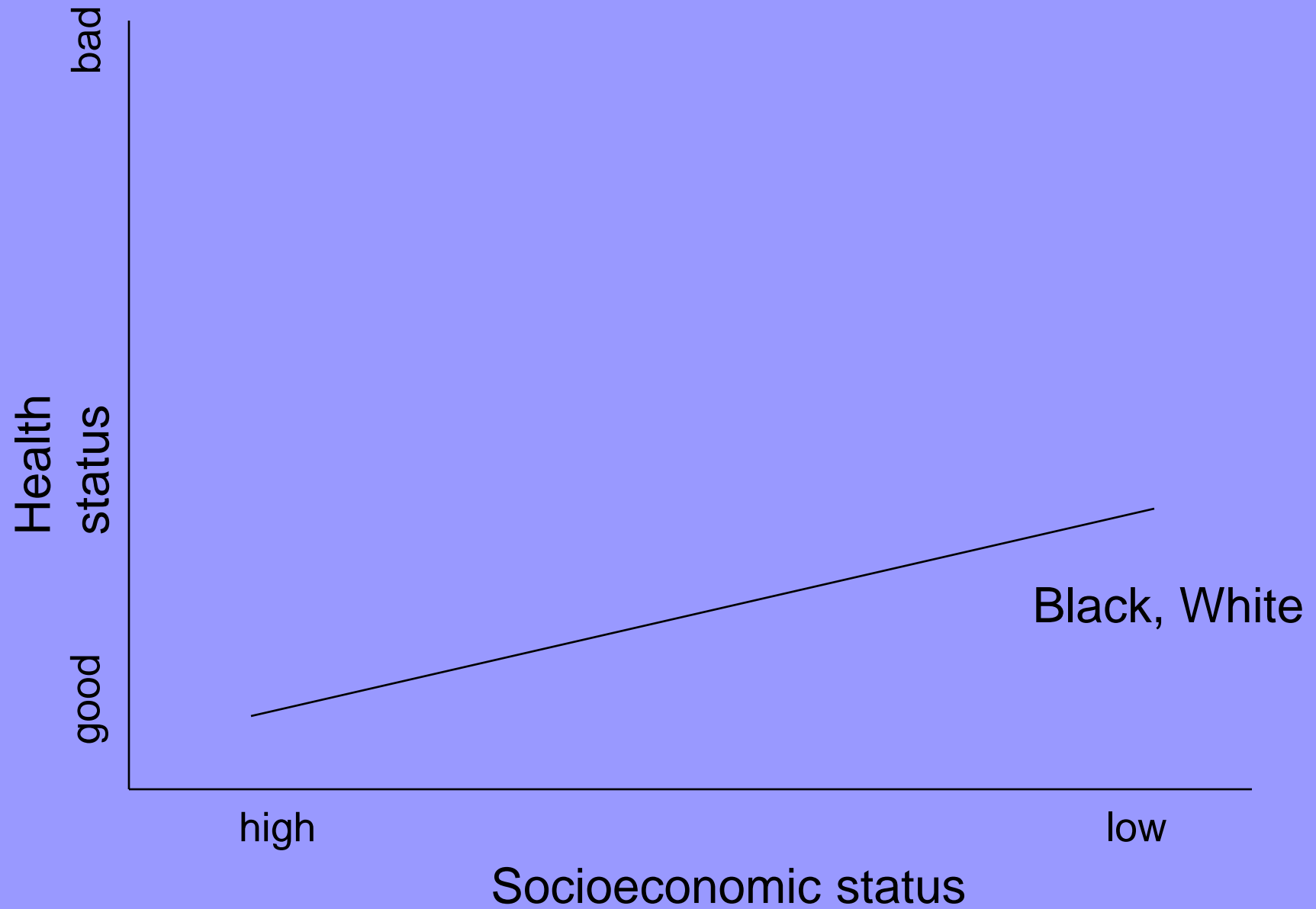
Socioeconomic status and health

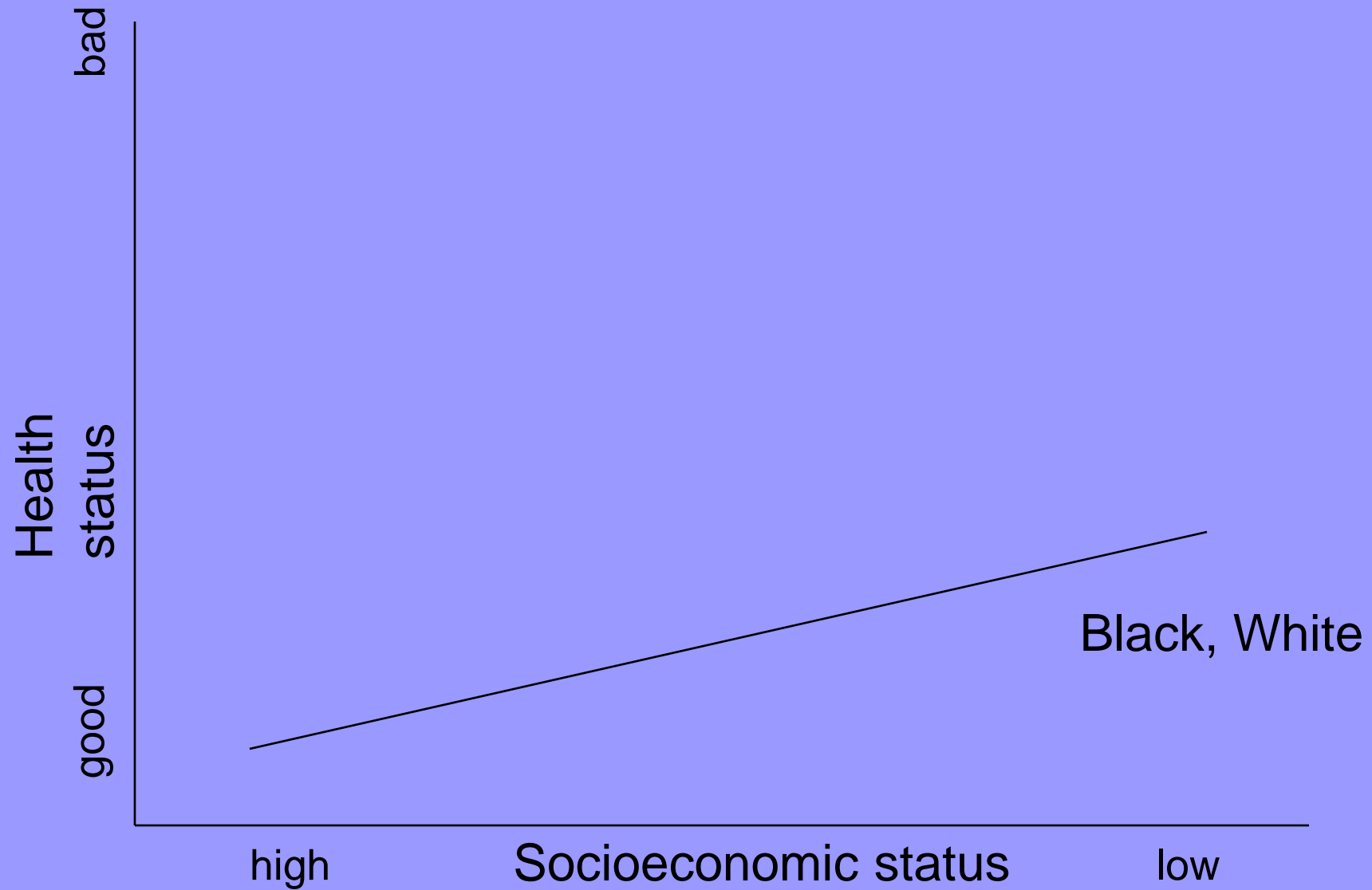
Isolating the impacts of
racism

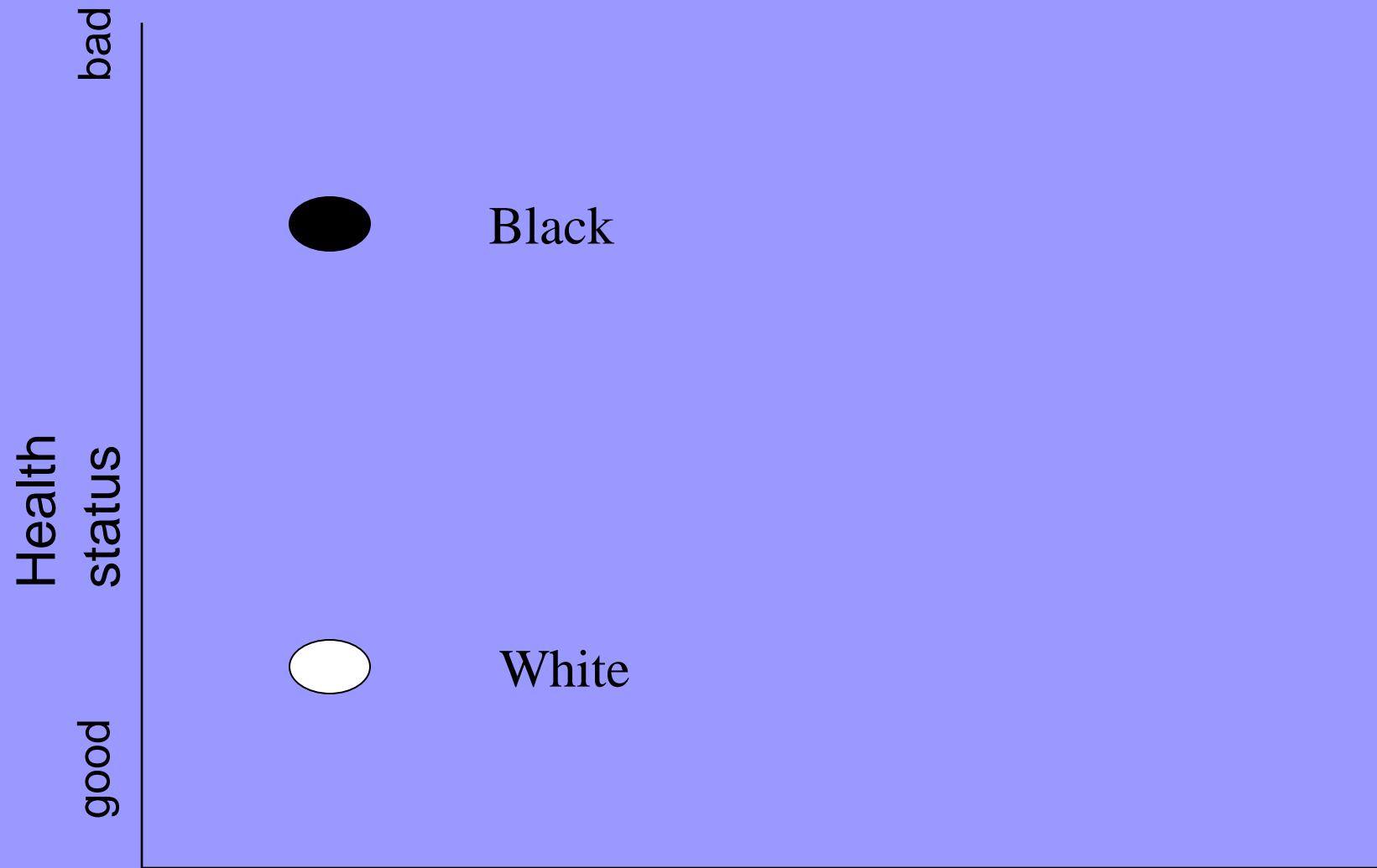


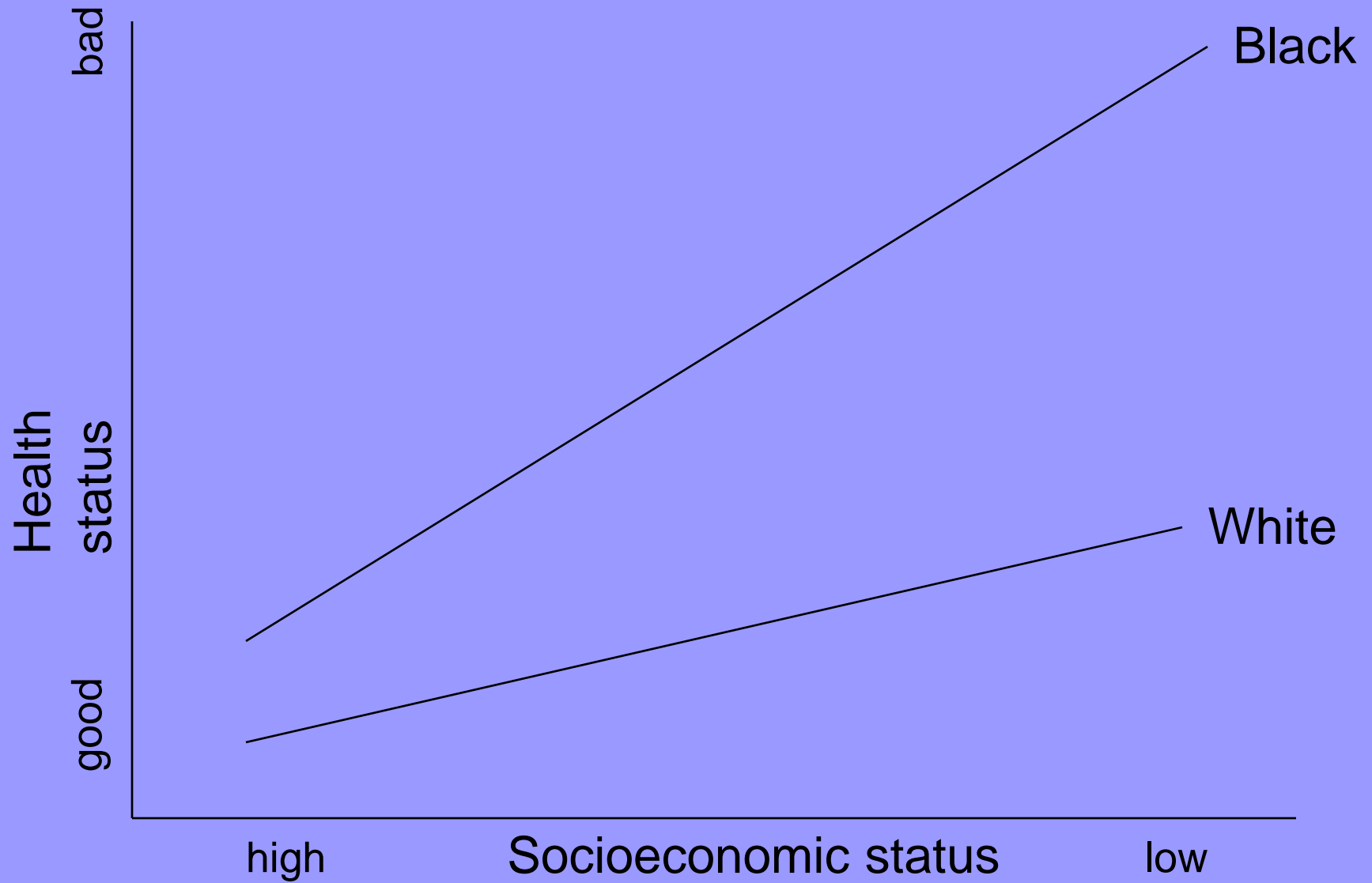












Isolating the impacts of racism

- Distribution of SES by “race”
 - Institutionalized racism
- Dependence of health on SES (slope)
 - Differences in meanings of SES measures
 - Differential exposures at a given SES
- Level of health at highest SES (intercept)
 - Differential access to health care
 - Differential treatment within health care system
 - Accelerated aging

Systolic blood pressure by “race”

Comparing full distributions

NHANES I

- Survey design
 - Probability survey
 - All 50 states
 - 1971-1975
 - Medical history
 - Direct examination
- Systolic blood pressures (n=20,428)
 - 2,178 “black” females
 - 9,778 “white” females

Systolic blood pressure by “race”

- Same-age comparisons
 - No differences in childhood
 - Shape differences in middle age
- Age-shifted comparisons
 - Acceleration of age-dependence
 - Shift of entire distributions

Significance of age-shifting

- Blood pressure and age
- Social meaning of “race”

Accelerated aging hypothesis

- Black-white differences in health outcomes in the US are due to accelerated aging of the black population.
- Accelerated aging of the black population in the US is due to racism.

The Impacts of Racism on Health

Implications for practice

Vigorously investigate the basis of observed “race”-associated differences in health outcomes

Interpret all “race”-related findings

Propose follow-up studies

View “race”-associated differences as important clues to be mined

Acknowledge that “race” is a social construct, not a biologic determinant

Explicitly measure genes if there is a genetic hypothesis

Model “race” as a contextual variable in multilevel analysis

Acknowledge the diversity within “racial” groups

Explicitly measure culture if there is a cultural hypothesis

Collect information on ancestry, migration history, and language

Acknowledge the association between “race” and social class, an association perpetuated by institutionalized racism

Explicitly measure social class if there is a social class hypothesis

Include measures of wealth, neighborhood characteristics, changes over lifespan

Measure class on all federal and state data

Acknowledge the present-day existence and impacts of racism

Develop explicit measures of institutionalized, personally-mediated, and internalized racism

Examine the role of racism in “race”-associated differences and in diminished health for all

Continue to collect data by “race”
as long as there are “race”-
associated differences in health
outcomes

Specify why information is collected

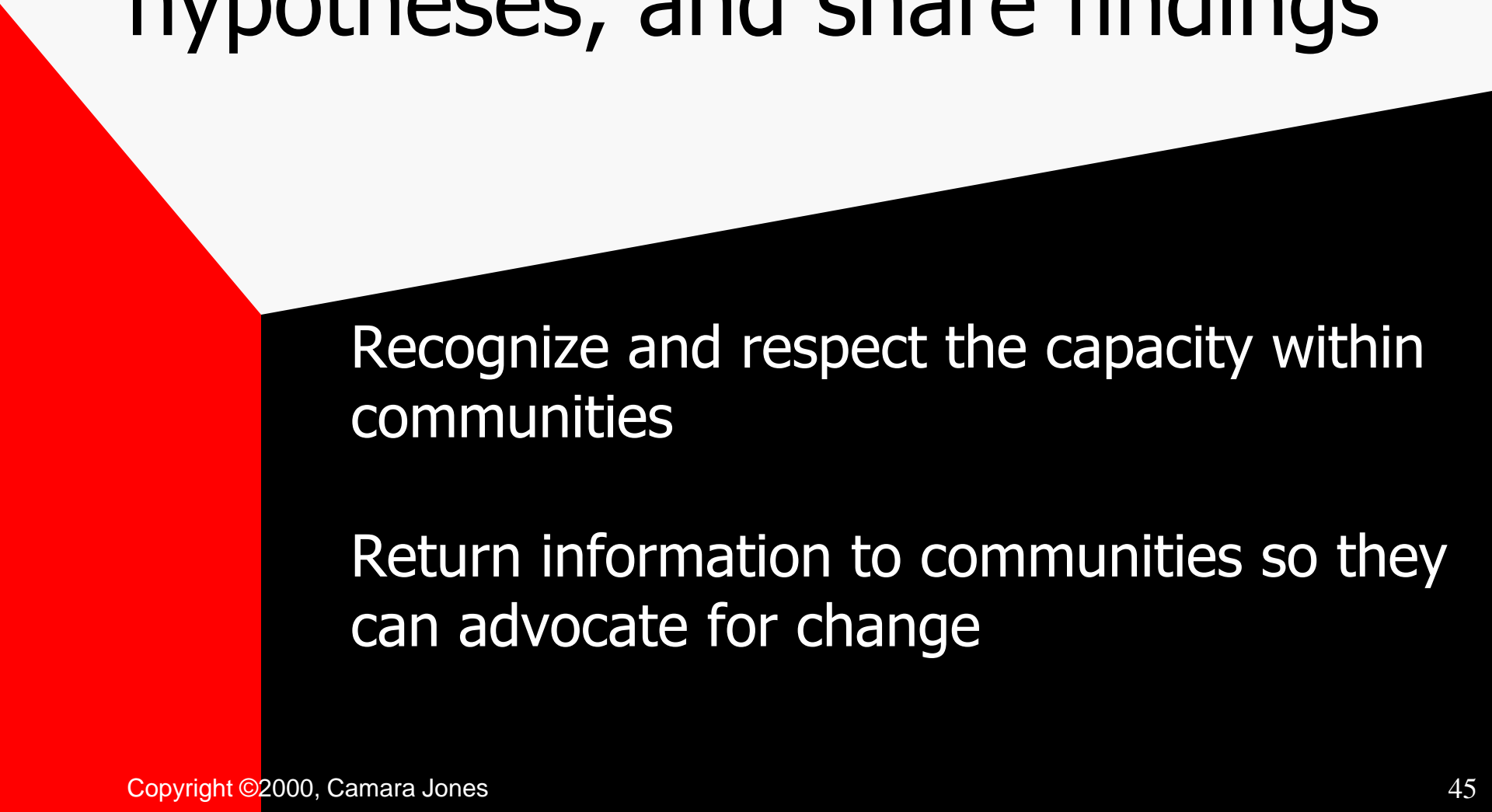
Describe how “race” is measured

Collect other data, including measures of
racism, social class, culture, and genes

Train persons from stigmatized backgrounds as epidemiologists

These scientists will bring new perspectives to the questions we have already asked

They will also raise new questions



Partner with communities to raise questions, generate hypotheses, and share findings

Recognize and respect the capacity within communities

Return information to communities so they can advocate for change

Initiate a national conversation on racism

Poor health of the stigmatized

Diminished health for all

Waste of human resources

Measures of institutionalized racism

- Aggregate
 - Degree of residential segregation
 - Median home value
 - School spending per pupil
 - Number of toxic dump sites
 - Community voter registration rates
- Individual
 - Education
 - Occupation
 - Income
 - Wealth
 - Family economic history

Measures of personally-mediated racism

- Aggregate
 - Differentials in medical procedure utilization
 - Patterns of hiring, retention, and promotion
 - Differentials in criminal sentencing
- Individual
 - Experiences of unfair treatment
 - [Measures adapted from available scales]
 - Formal discrimination complaints
- Experimental
 - Double-applicant test cases

Measures of internalized racism

- Aggregate
 - Distributions of skin color in exclusive clubs
- Individual
 - Personal voting history
 - Hiring or purchasing preferences and history
 - Dating histories by “race” and skin color
 - Perceptions of beauty
 - Measures of self-efficacy