Provost's Symposium on the Social Determinants of Health

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## Social Determinants of Health

<table>
<thead>
<tr>
<th>Individual-Level</th>
<th>Contextual</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Stress</td>
<td>Community-level SES</td>
</tr>
<tr>
<td>• Racism/Discrimination</td>
<td>Social environments</td>
</tr>
<tr>
<td>• Social Support</td>
<td>Physical environments</td>
</tr>
<tr>
<td>• Employment</td>
<td>Crime &amp; criminal justice</td>
</tr>
<tr>
<td>• Social Exclusion</td>
<td>Community Amenities</td>
</tr>
<tr>
<td>• Values, attitudes, beliefs</td>
<td>Segregation</td>
</tr>
<tr>
<td>• Acculturation</td>
<td></td>
</tr>
<tr>
<td>• Social Network</td>
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</tbody>
</table>
Segregation
Figure 1. Segregation Black/White 2000 and 2010

Mean Seg 2000 = 0.61
Mean Seg 2010 = 0.57

Source: Census data 2000 and 2010
Mean Seg 2000 = 0.52
Mean Seg 2010 = 0.48
Documented Health Affects of Segregation – Risk Exposure

- Segregation creates race differences in the “health risk profiles” of communities in which African Americans and other minorities often often live.
- Environmental toxins
- Targeted exposure to hazardous products (tobacco, alcohol, illegal drugs, etc.)
- Crime, Housing (stressful environments)
Documented Health Affects of Segregation – Resource Deprivation

• Segregation creates differential access to health-supporting resources.
• Food (full service restaurants and super markets)
• Medical Care
• Social capital (social networks)
A Baltimore Area High School
A Baltimore Area High School
A Baltimore Area High School
A Baltimore Area High School
A Baltimore Area High School
A Baltimore Area High School
“But I adjusted for SES…”
WE SERVE
WHITE'S only
NO SPANISH or MEXICANS
Racial Status Determines the way in which you “experience” America
# Odds Ratios and 95% Confidence Intervals for National Studies vs. EHDIC

<table>
<thead>
<tr>
<th>Condition</th>
<th>National Data (Segregated)</th>
<th>EHDIC (Integrated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes¹</td>
<td>1.61 (1.26-2.04)</td>
<td>1.07 (0.71-1.58)</td>
</tr>
<tr>
<td>Obesity²</td>
<td>1.87 (1.48-2.36)</td>
<td>1.25 (0.90-1.75)</td>
</tr>
<tr>
<td>Hypertension³</td>
<td>2.01 (1.63-2.48)</td>
<td>1.42 (1.09-1.86)</td>
</tr>
<tr>
<td>Use of Health Services⁴</td>
<td>0.74 (0.51-1.07)</td>
<td>1.44 (1.00-1.87)</td>
</tr>
</tbody>
</table>

¹ LaVeist, et al. (2009) Journal of General Internal Medicine  
³ Thorpe, et al. (2008) Social Science and Medicine  
⁴ Gaskin, et al. (2009) Medical Care Research and Review

Katrina Bell McDonald, Ph.
Provost’s Symposium on the Social Determinants of Health


Katrina Bell McDonald, Ph.D.
Department of Sociology
To clarify right from the start...

**African-American (black) women defined:**
A specific subset of people of African descent living in the U.S.
Those whose "identity is based on putative common descent, claims of a shared history, and symbols of peoplehood,” descended from free and enslaved Africans in the U.S. during the 16th through 19th centuries, and their shared history in the U.S.

Though they clearly share the same forced “racial” category with other groups of African decent, the nature and timing of their involuntary immigration distinguishes them in important ways from other blacks.

The “ethnic” portion of “gender-ethnic” designation is used to convey a shared ethnicity (African-American) and racial status (black) among women.
Persistently high rates of poor health among African-American women

Infant mortality:

Deaths per 1,000 Live Births

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>U.S.</th>
<th>Maryland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blacks</td>
<td>13.4</td>
<td>12.8</td>
</tr>
<tr>
<td>Hispanics</td>
<td>5.5</td>
<td>5.4</td>
</tr>
<tr>
<td>Whites</td>
<td>5.7</td>
<td>5.2</td>
</tr>
</tbody>
</table>
Paradoxes

• SES: Black women at low-risk for infant mortality more likely to experience infant death

• “Mexican paradox”: Black women more likely than Mexican Americans to experience infant death
Revelation

- Research fails to adequately model the etiology of infant mortality for black women; progress retarded by lack of theoretical attention to nontraditional causal factors.
- i.e., the role of socio-cultural detachment or isolation of certain black women from traditional safety nets; psychological ramifications with medical implications.
Dimensions of Black Maternal Health

- Medical
- Sociodemographic
- Psychosocial
Psychosocial dimension: an alternative systemic approach

• Psychosocial stress defined (Kaplan, 1983)
• Pathways?
• Black women seem to suffer higher exposure to this stress due to historical and pervasive devaluing of black women in American society.
• Stress rooted in socio-cultural contexts and arise from historical and contemporary conditions
• Race, gender, and social class intersections
Disaggregating the Psychosocial Dimension

• Racism

• Sexism

• Classism
Moving toward new research:

• Need to encourage an intellectual sensitivity to the nuances of social oppression in the everyday lives of black women

• Observe the processes by which the oppression of black mothers materializes in the form of psychosocial stress and poor health outcomes.
Unlocking the mysteries?

• The puzzle of black women’s health issues may be revealed through the examination of how black women’s stress is experienced and responded to from within and without their cultural communities.
Black women’s Health “Struggle”

A critical intersection of race, class, and gender
Reflections on the Health Effects of Discrimination

Provost’s Symposium on the Social Determinants of Health
Jean G. Ford, M.D.
May 8, 2012
Health Effects of Discrimination

- Poorer physical and mental health status
- Limited evidence on mechanisms
- Gaps in the literature
  - Measurement of discrimination
  - Research designs
  - Life course perspective
- Research on stress points to important directions
Health Effects of Discrimination: Results of a Meta-Analysis

Weighing for each study’s sample size, perceived discrimination is associated with

■ Negative effects on both mental and physical health
■ Heightened stress responses
■ Effects on behavior
  Participation in unhealthy behaviors
  Nonparticipation in healthy behaviors

Pathways by which perceived discrimination influences health outcomes*

Two IOM Reports

1999

Two IOM Reports

2002
Unconscious Bias in Diagnosis and Treatment

Controlling for insurance and source of care, minorities are:

- Undertreated for acute cardiac symptoms:
  - Catheterization
  - Angioplasty
  - Bypass surgery
  - Beta blockers
  - Defibrillator implants
- Less pain medications when presenting to emergency care with long bone fracture
- More likely to get lower limb amputations as a result of diabetes than limb saving procedures
Explicit and Implicit Preferences for Race and Social Class

Haider AH et al., 2011. JAMA; 306:942-951
Perceived Chance of Harm from Clinical Trial

Braunstein JB et al. Medicine: 87: 1-9
Trust or Ethics of Aversion?

Methodological Challenges

- Measurement problems (Gee et al.):
  - Lifecourse perspective
  - Sensitivity and context change over time
  - Effects of discrimination experienced by others
  - Latency
  - Stress proliferation

- Question framing (Williams et al.):
  - Racial categorization
  - Type of discrimination
  - Variation in assessment of discriminatory experiences by race and SES
  - Stress proliferation

*Krieger et al; Shavers et al. 2012; AJPH: 9 (5)*
Racial/Ethnic Cancer Disparities
(Adapted from Capitman et al., 2003)

**BROADER SOCIAL/POLITICAL ENVIRONMENT:**

Historical/Current Patterns of systemic Racial/Ethnic inequalities
Historical/Current Patterns of systemic SES, gender, age inequalities

**Social Location**
Race/Ethnicity, SES, Gender, Age

**Cumulative Lifetime & Current Exposure to Individually Modifiable Behavioral Risks**

**Cumulative & Lifetime Exposure to Social, Environmental, & Genetic Risks**

**Differential Health Care Quality and Access**

- Usual source of care
- Health risk management
- Co-morbid condition care
- Benefits coordination
- Screening adherence
- Complete diagnosis
- Adjuvant therapies
- Follow-up care

**R/E Health Outcome Disparities**
- Mortality
- Morbidity
- Quality of Life
- Satisfaction with health care

**Community Norms and Lifestyles**

**Physical & Social Environment**

**Community Differences in Health Care Availability**

**Federal, State, and Private Financing & Organizational**

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