

HEALTH INEQUITIES: FRAMEWORKS FOR THINKING AND ACTION

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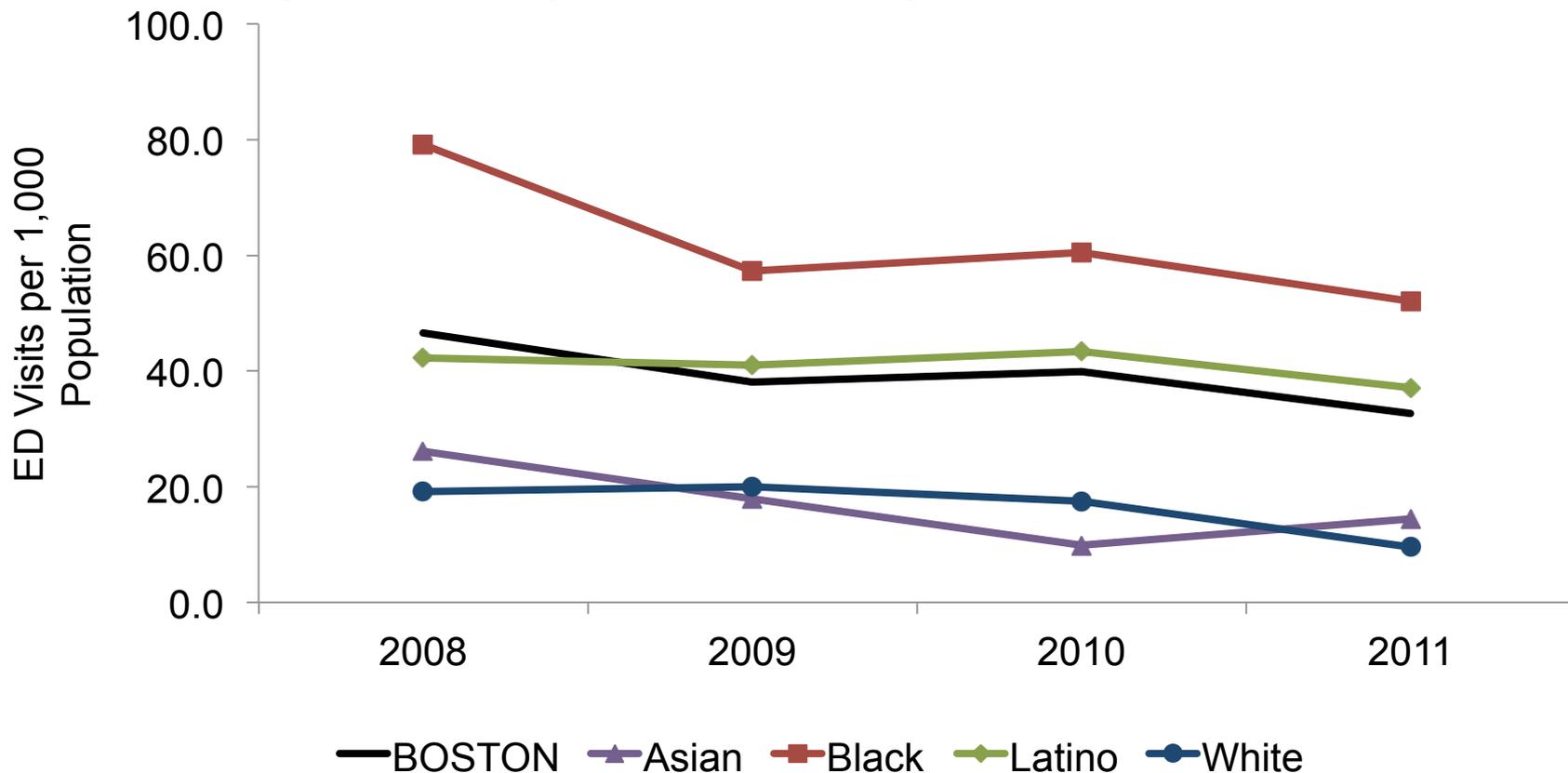
Objectives

- Review concepts of health disparities and health inequities
- Describe racism as a social determinant of health
- Discuss addressing social determinants of health, including racism, as a mechanism for primary prevention
- Provide a framework for further research

Disparities, inequality, and inequity

- **DISPARITY = INEQUALITY** and implies differences between individuals or population groups (UN-equal)
 - ▣ Health disparities - population-specific differences in the presence of disease, health outcomes, or access to health care (HRSA definition)
- **INEQUITY** refers to differences which are unnecessary and avoidable but, in addition, are also considered unfair and unjust
 - ▣ Health inequities- disparities in health outcomes or distribution social determinants of health that are systemic and avoidable and, therefore, considered unfair or unjust (WHO)

Asthma Emergency Department Visits for Children Ages 3 to 5 by Race/Ethnicity, Boston, 2008-2011



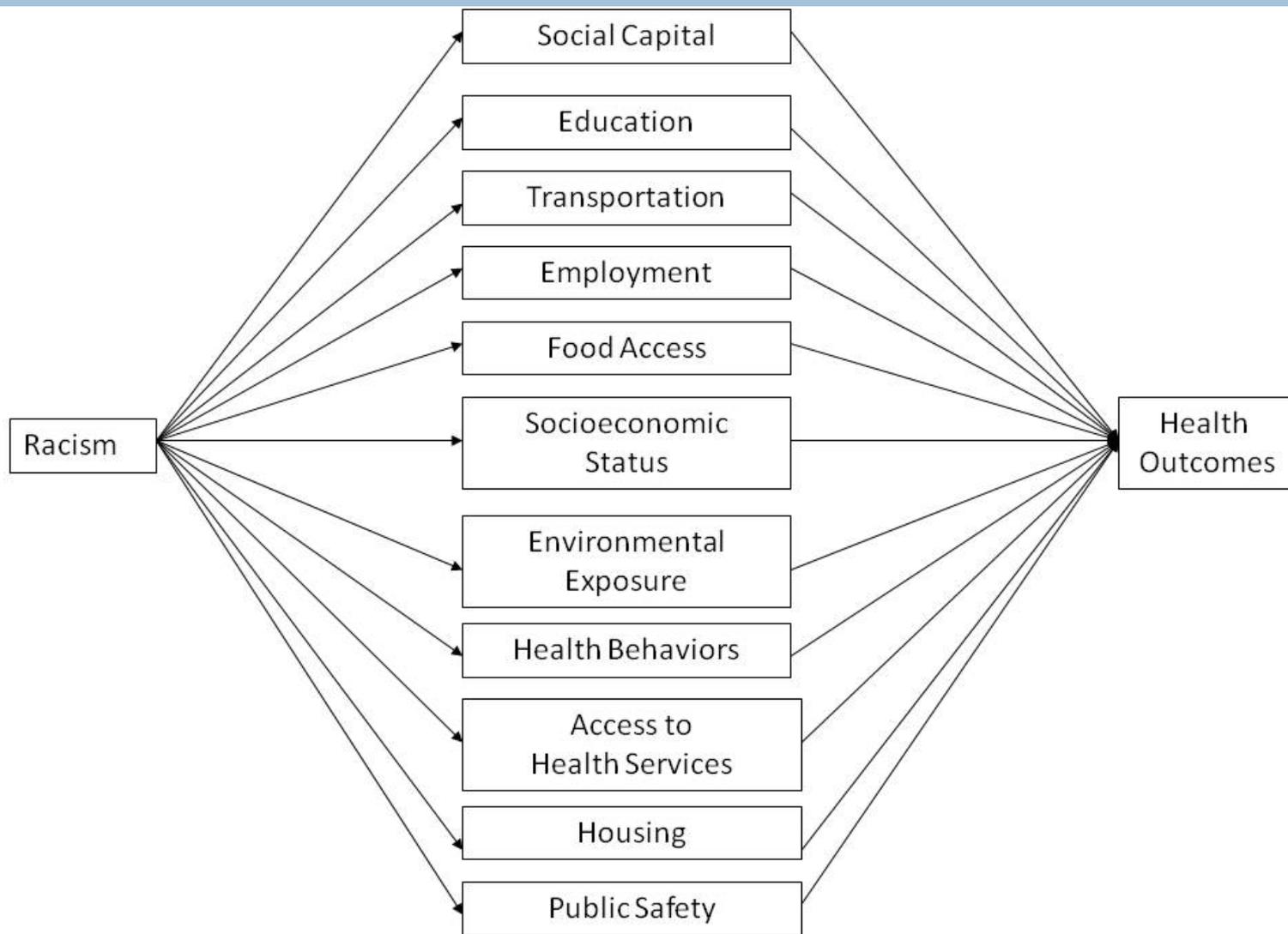
NOTE: Hospital emergency department visits identified among three databases: Inpatient Hospital Discharge Database, Outpatient Hospital Emergency Department Database, and Outpatient Observation Database

DATA SOURCE: Massachusetts Center for Health Information and Analysis

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

BPHC Framework 1.0

Social determinants of health inequities



Definitions of Racism

- Institutionalized racism is defined as differential access to the goods, services, and opportunities of society by race
- Personally mediated racism
 - ▣ Prejudice is differential assumptions about the abilities, motives, and intents of others by race
 - ▣ Discrimination is differential actions toward others by race
- Internalized racism is defined as acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth

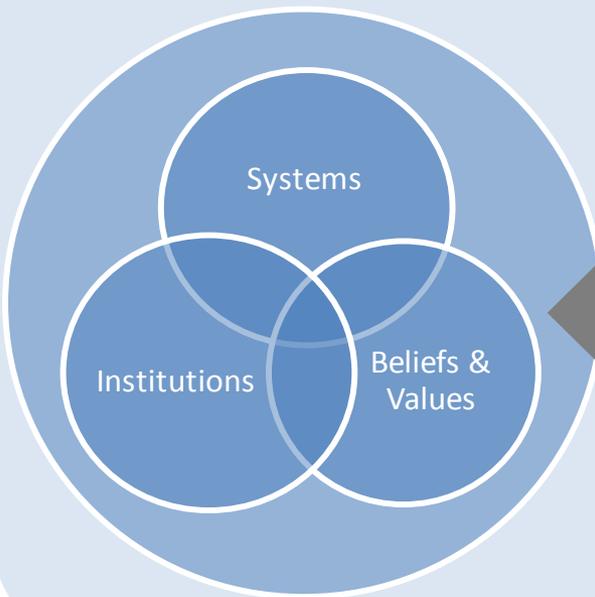
BPHC Framework 2.0

Social determinants of health inequities

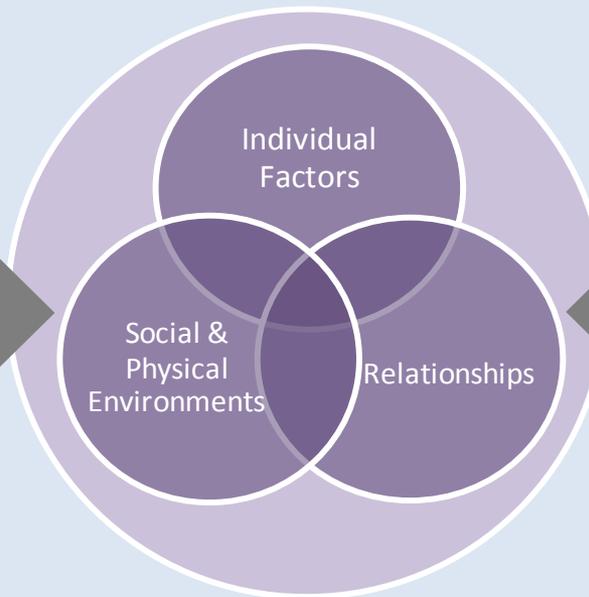


Society

Individual &
Community



Differences in
Access &
Opportunities



Differences in
Experiences

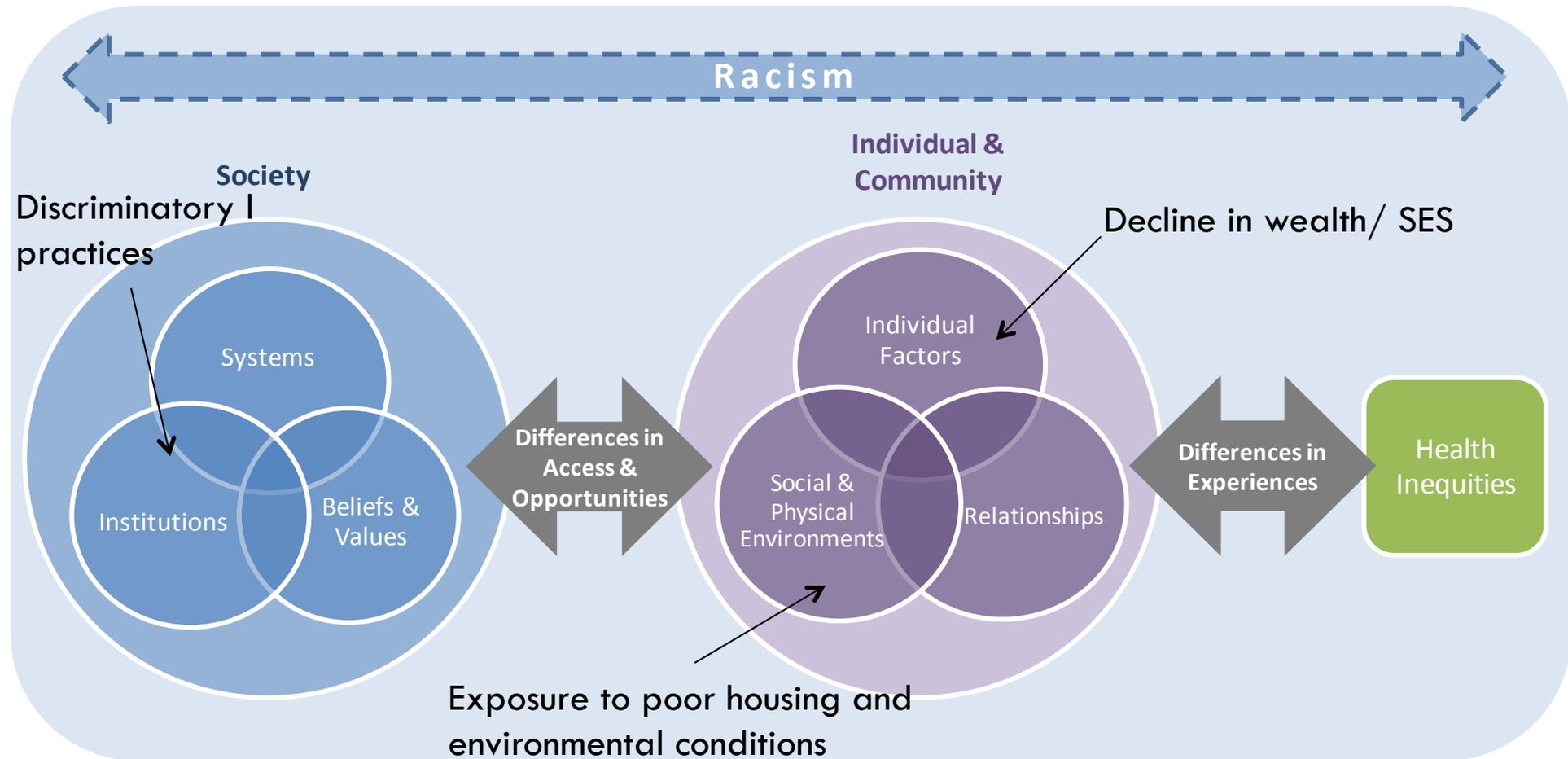


Racism as a social determinant

- FHA and banks instituted discriminatory practices
 - ▣ FHA would not underwrite/insure mortgages for homes in communities of color (a.k.a. redlining); drop in home prices
 - ▣ Banks were not lending to people of color
- Residents were neither unable to sell their homes nor acquire loans to purchase homes
 - ▣ Decline in wealth and SES; individual and generational impact
 - ▣ Forced to remain in deteriorating homes and cities

BPHC Framework 2.0

Social determinants of health inequities



Racism and health

- Racial residential segregation is a mechanism through which racism produces and perpetuates social disadvantage
 - ▣ Leads to restricted access to social resources such as employment, housing, education
 - ▣ Produces differences in SES
 - ▣ Influences SES at the individual, household, neighborhood and community levels

Braveman et al. Social Determinants of Health: Coming of Age. *Annu. Rev. Public Health* 2011. 32:381–98

Williams, DR et al. Racial Residential Segregation: A Fundamental Cause of Racial Disparities in Health, *Public Health Reports*, 2001

Racism and health

- Racism may affect health through pathways involving stress
 - A toxic stressor; chronic and uncontrollable
 - Frequent/constant stress may cause dysregulation in multiple systems involved in the adaptation to stress
 - Chronic dysregulation can result in allostatic load, the physiologic consequences of adapting to repeated or chronic stress
 - Allostatic load has been associated with chronic disease and mortality

Braveman et al. Social Determinants of Health: Coming of Age. *Annu. Rev. Public Health* 2011. 32:381–98

Adler et al. Health disparities across the lifespan: Meaning, methods, and mechanisms. *Ann. N.Y. Acad. Sci.* 1186 (2010) 5–23.

Patcher, L et al. Racism and Child Health: A Review of the Literature and Future Directions. *J Dev Behav Ped* 30: 255-263, 2009.

Racism and primary prevention

- As an upstream social determinant of health, racism may influence other determinants
- Exposures and experiences may occur in the context of racism, in all its forms
- Primary prevention of complex diseases, such as asthma, should address upstream determinants, including racism
 - ▣ Need to address root causes to prevent the onset of disease
 - ▣ Addressing racism has the potential to impact multiple other determinants

Moving forward: Detect and document differences

- Descriptive studies are needed to document inequities
 - ▣ Document differences in outcomes; can serve to demonstrate a need
 - ▣ Describe differences in asthma health outcomes across racial/ethnic groups, ancestry, language, social class, education, income, geography etc.
 - ▣ Understand who is at-risk

Moving forward: Understand root causes

- Study upstream social determinants of health including racism; mechanism through which racism affects health
 - ▣ Need standardized approach to measure types of racism
- Life-course research
 - ▣ Longitudinal studies with comprehensive information on both social factors and health over time, collected over multiple generations

Moving forward: Design interventions

- Investigate multidimensional, multidisciplinary interventions
 - ▣ Complex disease pathways warrant complex interventions; singularly focused interventions may have limited impact

Local public health recommendations for primary prevention research

- Engage community residents and partners at all levels
- Collaborate across sectors and silos
- Connect research to sustainable change in policy and practice
- Consider the unintended consequences of research



THANK YOU