Toward Health Equity

Moving Beyond Disparities and Race

Jennifer Edgoose, MD, MPH
Health Equity Series
September 3, 2020
Objectives

- Review the current landscape of racial and ethnic health disparities
- Consider the impacts of social determinants of health including racism upon health
- Consider strategies to move toward health equity
Health disparities plague the United States
Racial and ethnic minorities receive lower quality health care than non-minorities
...even when income, insurance status and medical conditions are similar.

For example...

- African Americans are 4 times as likely to develop end stage renal disease yet only 70% as likely to be referred for renal transplantation than non-Hispanic (NH) whites.
- Hispanics with fractures are 2 times less likely to receive pain meds in the ED than non-Hispanic whites.
- Asian Americans have lower rates of colorectal and breast cancer screening than NH whites
  
Infant Mortality Rates by Race and Ethnicity, 2016

Figure 1. COVID-19 death rates by age and race

Rates per 100,000

Source: CDC data from 2/1/20-6/6/20 and 2018
Census Population Estimates for USA

https://www.youtube.com/watch?v=d5YB9cKJxpo
Refusal rates are small and don’t fully account for disparities

Our changing demographics make this issue imperative.

The U.S. population will become minority white by 2043.
So what about our fair city?
Madisonians think they live in a white, liberal town

% White in Madison Metropolitan School District

1994

2019
## Wisconsin public school districts: %White not-Hispanic

<table>
<thead>
<tr>
<th>City</th>
<th>2005-06</th>
<th>2019-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baraboo</td>
<td>91</td>
<td>81</td>
</tr>
<tr>
<td>Belleville</td>
<td>96</td>
<td>86</td>
</tr>
<tr>
<td>Madison</td>
<td>56</td>
<td>42</td>
</tr>
<tr>
<td>Verona</td>
<td>77</td>
<td>63</td>
</tr>
<tr>
<td>Wisconsin overall</td>
<td>78</td>
<td>69</td>
</tr>
</tbody>
</table>
## Rural versus urban life expectancy

(per 100,000 population)

<table>
<thead>
<tr>
<th>Life Expectancy</th>
<th>Nonmetro Counties</th>
<th>Metro Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>76.8</td>
<td>78.8</td>
</tr>
<tr>
<td>Male</td>
<td>74.1</td>
<td>76.2</td>
</tr>
<tr>
<td>Female</td>
<td>79.7</td>
<td>81.3</td>
</tr>
<tr>
<td>White</td>
<td>77.2</td>
<td>79.2</td>
</tr>
<tr>
<td>Black</td>
<td>72.8</td>
<td>74.2</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>74.8</td>
<td>85.8</td>
</tr>
<tr>
<td>Asian and Pacific Islander</td>
<td>84.9</td>
<td>86.9</td>
</tr>
<tr>
<td>Hispanic</td>
<td>82.2</td>
<td>83.1</td>
</tr>
</tbody>
</table>

WHAT REALLY DRIVES HEALTH OUTCOMES?
SOCIAL DETERMINANTS OF HEALTH (SDoH)

SDoH are “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

What is the strongest social determinant of health driving inequities?

WEALTH GAP
Homeownership is critical to the accumulation of wealth and a factor in the stark difference between the net worth of white families $171,000 in 2016 versus Black Families who had a net worth of $17,150 (a 10x difference).

https://www.brookings.edu/blog/up-front/2020/02/27/examining-the-black-white-wealth-gap/

<table>
<thead>
<tr>
<th>Factor</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of homeownership</td>
<td>27%</td>
</tr>
<tr>
<td>Household income</td>
<td>20%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>9%</td>
</tr>
<tr>
<td>Years of college education</td>
<td>5%</td>
</tr>
<tr>
<td>Financial support/inheritance</td>
<td>5%</td>
</tr>
<tr>
<td>Starting wealth in 1984</td>
<td>3%</td>
</tr>
</tbody>
</table>

Source: IASP 2013

**Top factors driving the wealth gap between whites and blacks in a recent study of 1,700 working-age households from 1984 through 2009**
Median Net Worth
BY EDUCATION LEVEL OF HEAD OF HOUSEHOLD

2016 Dollars

No Bachelor's Degree

Bachelor's Degree or Higher

White: $98.1K
Black: $11.6K
Hispanic: $17.5K
Other: $34.3K

White: $397.1K
Black: $68.2K
Hispanic: $77.9K
Other: $210.2K

White households with no bachelor's degree have a higher median net worth than both Black and Hispanic households that have degrees.

Historical causes of inequity: Housing discrimination

Urban rental/public housing

Bronx, NY

Suburban home ownership

Levittown, NY

Home Values:
1947: sold $8K ($125K)
Today: sell $500K+
Homeownership in WI

27-72%
During a heat wave, every one degree increase in temperature can increase the risk of dying by 2.5 percent. Higher temperatures can strain the heart and make breathing more difficult, increasing hospitalization rates for cardiac arrest and respiratory diseases like asthma. Richmond’s four hottest ZIP codes all have the city’s highest rates of heat-related emergency-room visits.
Black children are 13 times more likely than white children to live in poverty. This is the widest black/white child poverty gap that the Census Surveys reported in the nation.
Black teens in Dane County in 2010 were 6 times more likely to be arrested than whites, while black youth in the rest of the state were just 3 times as likely, and nationally only a little more than twice as likely.
Black third graders were 4.5 times more likely not to meet reading proficiency standards than whites: a wider gap than anywhere else in the state and in the nation.

Percent of 3rd Graders Not Proficient at Reading

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dane County</td>
<td>45%</td>
<td>48%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>42%</td>
<td>42%</td>
</tr>
</tbody>
</table>

Non-Hispanic Black
Non-Hispanic White
# Ranking Child Well-being in Wisconsin, by Race

Wisconsin's ranking for the indicators that make up the index, compared to children of the same race in other states.

<table>
<thead>
<tr>
<th>Race</th>
<th>Wisconsin's overall rank on index</th>
<th>High school graduation</th>
<th>Delayed childbearing</th>
<th>School or work</th>
<th>Low poverty areas</th>
<th>Normal birthweight</th>
<th>Two-parent families</th>
<th>Math proficiency</th>
<th>Assoc + degree</th>
<th>Above 200% of poverty</th>
<th>Family education</th>
<th>Preschool education</th>
<th>Reading proficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE - Non-Hispanic</td>
<td>10 (10 of 50)</td>
<td>1 (1 of 50)</td>
<td>9 (9 of 50)</td>
<td>9 (9 of 50)</td>
<td>10 (10 of 50)</td>
<td>11 (11 of 50)</td>
<td>12 (12 of 50)</td>
<td>15 (15 of 50)</td>
<td>17 (17 of 50)</td>
<td>17 (17 of 50)</td>
<td>19 (19 of 50)</td>
<td>28 (28 of 50)</td>
<td>30 (30 of 50)</td>
</tr>
<tr>
<td>BLACK</td>
<td>46 (46 of 46 states)</td>
<td>30 (30 of 50)</td>
<td>49 (49 of 50)</td>
<td>50 (50 of 50)</td>
<td>44 (44 of 50)</td>
<td>33 (33 of 50)</td>
<td>50 (50 of 50)</td>
<td>35 (35 of 45)</td>
<td>45 (45 of 50)</td>
<td>48 (48 of 50)</td>
<td>44 (44 of 50)</td>
<td>16 (16 of 42)</td>
<td>39 (39 of 42)</td>
</tr>
<tr>
<td>LATINO</td>
<td>17 (17 of 47 states)</td>
<td>11 (11 of 50)</td>
<td>23 (23 of 49)</td>
<td>13 (13 of 50)</td>
<td>25 (25 of 47)</td>
<td>15 (15 of 50)</td>
<td>31 (31 of 50)</td>
<td>29 (29 of 47)</td>
<td>31 (31 of 50)</td>
<td>29 (29 of 50)</td>
<td>26 (26 of 50)</td>
<td>17 (17 of 50)</td>
<td>39 (39 of 47)</td>
</tr>
<tr>
<td>ASIAN</td>
<td>37 (37 of 43 states)</td>
<td>24 (24 of 50)</td>
<td>38 (38 of 40)</td>
<td>40 (40 of 50)</td>
<td>30 (30 of 42)</td>
<td>19 (19 of 47)</td>
<td>34 (34 of 50)</td>
<td>29 (29 of 41)</td>
<td>41 (41 of 49)</td>
<td>49 (49 of 50)</td>
<td>42 (42 of 50)</td>
<td>34 (34 of 50)</td>
<td>28 (28 of 41)</td>
</tr>
<tr>
<td>NATIVE AMERICAN</td>
<td>12 (12 of 25 states)</td>
<td>11 (11 of 50)</td>
<td>36 (36 of 41)</td>
<td>39 (39 of 48)</td>
<td>N/A</td>
<td>5 (5 of 31)</td>
<td>N/A</td>
<td>35 (35 of 46)</td>
<td>N/A</td>
<td>24 (24 of 50)</td>
<td>31 (31 of 45)</td>
<td>17 (17 of 9)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

How Wisconsin ranks among the states:
- Top quarter
- 2nd quarter
- 3rd quarter
- Lowest quarter

Indicator descriptions:
- Average freshman high school graduation rate, 2009-10
- Females age 15-19 who delay childbearing until adulthood, 2010
- Young adults ages 19 to 26 who are in school or working, 2010-12
- Children who live in low poverty areas (<20%), 2007-2011
- Babies born at normal birthweight, 2011
- Children who live in 2-parent families, 2010-12
- 8th graders scoring at least proficient in math, 2013
- Adults age 25 to 26 who have completed at least an associates degree, 2010-12
- Children living above 200% of poverty, 2010-12
- Children who live with someone who has at least a high school degree, 2010-12
- Children who live with someone who has at least a high school degree, 2010-12
- 4th graders scoring at least proficient in reading, 2013

N/A means information is not available for Wisconsin, due to small population size.
Wisconsin named worst state for black Americans

Aug 5, 2016, 10:59am CDT  Updated Aug 5, 2016, 5:28pm CDT

1. Wisconsin
> Pct. residents black: 6.2% (24th lowest)
> Black homeownership rate: 25.8% (10th lowest)
> Black incarceration rate: 4,042 per 100,000 (3rd highest)
> Black unemployment rate: 11.1% (9th highest)

1. Wisconsin
> Pct. residents black: 6.2% (24th lowest)
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Wisconsin Has Widest Achievement Gap On Nation's Report Card

National Assessment Of Educational Progress Results Show No Significant Change From Results A Decade Ago

By Rich Kremer and The Associated Press
Published: Wednesday, October 30, 2019, 9:10am
Updated: Wednesday, October 30, 2019, 4:00pm
Dane County

- 563 individuals
- 155 families
- 53% African American
## Disparities in opportunity for African-American children

<table>
<thead>
<tr>
<th>State</th>
<th>Ratio of white opportunity index to black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisconsin</td>
<td>3.14</td>
</tr>
<tr>
<td>Michigan</td>
<td>2.73</td>
</tr>
<tr>
<td>Illinois</td>
<td>2.51</td>
</tr>
<tr>
<td>Ohio</td>
<td>2.46</td>
</tr>
<tr>
<td>Louisiana</td>
<td>2.43</td>
</tr>
</tbody>
</table>

“For African-American children, the situation is dire. In general states in the Rust Belt and Mississippi Delta are places where opportunity for black children is poorest. **African-American kids face the greatest barriers to success in Michigan, Mississippi and Wisconsin.**”

- Annie E. Casey Foundation

Paula Tran-Inzeo
Social determinants are stronger predictors for health outcomes than health access.

In Dane County in 2012, African Americans were more likely to have health insurance and to receive adequate prenatal care than their black peers nationally.
From 2013-2015, the infant mortality rate for blacks in Wisconsin was three times that for whites, which was the largest gap in the nation.
The journal *Health Affairs* published a report about life expectancy and the gap between black and white Americans. Wisconsin was the only state to see the gap widen [for women] between 1990-2009.
COVID-19 in MILWAUKEE

African Americans make up 26% of Milwaukee County (39% of the City of Milwaukee)

■ On April 3rd 945 people tested positive for SARS-CoV-2 in Milwaukee County
  - 50% were African American

■ On April 3rd 27 people had died from COVID-19 in Milwaukee County
  - 81% were African American

Johnson A and Buford T. ProPublica April 3, 2020
An interesting note on Dane County poverty

- Teenage births rates for African Americans (AA) in Dane County are slightly lower than the rates for AA teens in Wisconsin and nationwide.
- The percentage of AA mothers in Dane County who have earned at least a high school diploma is slightly higher than the elsewhere in the state and nationwide.

Usually lower teen birth rates and higher maternal education levels are often seen as factors that help deter high rates of child poverty, but this is not the case in Dane County.
“The alarming truth is that our numbers, taken as a whole, suggest that the distance between whites and blacks (in terms of well-being, status and outcomes) is as wide or wider in Dane County than in any jurisdiction (urban or rural, North or South) for which we have seen comparable statistics...

...The one inescapable and pivotal finding that arises from all the numbers we have collected is the extraordinary degree to which poverty and “disadvantage” in Dane County have become correlated with color – or, to put it in even more stark terms, the extent to which economic deprivation has become profoundly racialized.”
“Conscious racism and color prejudice may not have been the primary cause of this extreme racialization of disadvantage, but allowing such a close link between color and disadvantage to persist can only serve to nurture stereotypes, foster profiling, and produce differential expectations for achievement within the community at large, while at the same time undermining motivation, aspiration, self-esteem, confidence, and hope among African American children and their families.”

Wisconsin Council on Children and Families
Race to Equity
More on the effects of racialization/racism in health care
Infant mortality: An argument for the cumulative life-course effects of the social construct of race


https://www.youtube.com/watch?v=FPCpB8zZP20

...An argument for the cumulative effects of racism
Ten consistent themes emerged from the engagement sessions with African American residents from across Dane County:

- Racism, discrimination, and institutional bias
- Bias and cultural disconnect in health-care delivery experiences
- Economic insecurity
- Housing insecurity and high cost of living
- Poor access to health-supporting assets
- Inadequate social supports
- Gaps in health literacy, education, and support
- Disconnected and hard-to-navigate community resources
- Systemic barriers to individual and family advancement
- Chronic stress
BEYOND DISPARITIES AND RACE...
Instead of “disparities” consider health “inequities”

“When disparities are strongly and systematically associated with certain social group characteristics such as level of wealth or education, whether one lives in a city or rural area, they are termed inequities.”

What causes health inequities?

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

Discrimination versus Racism

Discrimination: an action based on one’s prejudice (to pre-judge/to be bias)

Racism: Prejudice + Systemic Power
Individual vs. Systemic

Anyone regardless of identity can experience discrimination based on bias/prejudice of others.

Only minority communities experience racism, sexism, etc. as these are systemic forms of discrimination.

Inaccurate: “reverse-racism”, or “reverse-sexism,” etc.

Accurate: racial discrimination, gender-based discrimination etc.

Systemic Racism

In the US:

Wealth (2016) Whites: $140k Black/Latino: ↓ $7k

Prisons (2017) Blacks = 33% (but 12% of US pop.)

Police (2014) 75% white in major cities


Defining racism

A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that

- 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

Types of racism

• **Personally-mediated racism** — prejudice (differential assumptions) and discrimination (differential action/treatment) by individuals towards others; and

• **Institutionalized racism** — differential access to the goods, services, and opportunities of society by race;

• **Internalized racism** — acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth.

SO WHAT CAN WE DO?
<table>
<thead>
<tr>
<th><strong>EQUALITY = SAMENESS</strong></th>
<th><strong>EQUITY = FAIRNESS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Give everyone the same thing</td>
<td>Giver everyone access to the same opportunities</td>
</tr>
<tr>
<td>Only works if everyone starts from the same place</td>
<td><strong>We must first ensure equity before we can enjoy equality</strong></td>
</tr>
</tbody>
</table>
CONFRONTING PERSONALLY-MEDIATED RACISM
BEYOND cultural competency...

**CULTURAL COMPETENCY**

- Identifying cross-cultural expressions of illness and health, and counteracting the marginalization of patients by race, ethnicity, social class, religion, sexual orientation, or other markers of difference
- Developing communication, diagnosis, and treatment approaches that take into account culturally specific sources of stigma

**STRUCTURAL COMPETENCY**

- Recognizing the structures that shape clinical interactions;
- Developing an extra-clinical language of structure;
- Rearticulating “cultural” formulations in structural terms;
- Observing and imagining structural interventions; and
- Developing structural humility

SOCIAL DETERMINANTS OF HEALTH EQUITY

Systems of power (the -isms) that determine how socially defined populations are distributed in certain social contexts.

Addressing SDoE requires:

• monitoring for inequities in exposures and opportunities, as well as for disparities in outcomes;

• examination of structures, policies, practices, norms, and values; and

• intervention on societal structures and attention to systems of power.

“Although myriad sources contribute to these inequities, some evidence suggests that bias, prejudice, and stereotyping on the part of healthcare providers may contribute to the differences in care...often despite providers' best intentions.”

Work on active listening and intentional communication.

**Minorities Face Greater Difficulty in Communicating with Physicians**

Percent of adults with one or more communication problems:

- Total: 19%
- White: 16%
- African American: 23%
- Hispanic: 33%
- Asian American: 27%

Base: Adults with health care visit in past two years.
* Problems include understanding doctor, feeling doctor listened, had questions but did not ask.
The effect of implicit bias

- Black patients had less positive reactions to medical interactions with physicians [who are] relatively low in explicit but relatively high in implicit bias.
Explore your implicit bias

https://implicit.harvard.edu/implicit/
COMBATTING INSTITUTIONALIZED RACISM
African Americans are 32% less likely to undergo bypass surgery and 13% less likely to undergo angioplasty than non-Hispanic whites for coronary artery disease.

But hope for change exists...
Institutional racism can be overcome with intentional, non-racist institutional practices and policies.
Apply an equity lens

Application of the Equity and Empowerment Lens for Facilitators and Learners
A Qualitative Study of Undergraduate Racial and Ethnic Minority Experiences and Perspectives on Striving to Enter Careers in the Health Professions

Jennifer Y C Edgoose ¹, Lisa Steinkamp ², Kong Yang ³, Adrienne Hampton ⁴, Natalie Dosch ½

Affiliations + expand
PMID: 31532929
Free article

Abstract

Background: Diversification of the health care workforce by race and ethnicity offers a strategy for addressing health care disparities. This study explored the experiences with pathways programming and mentoring of minority undergraduates aspiring to health professions careers.

Methods: We interviewed 21 minority undergraduates in 4 focus groups. The interviews explored participants' backgrounds; perceptions of racial climate; exposure to health professions careers, mentors, and pathways programs; barriers to success; and desired support.

Results: Many participants described diminished confidence and feelings of isolation due to stereotyping and discrimination; some were empowered to pursue health care careers because of adversity. Common themes included desire for mentorship, earlier career exposure, and college readiness support.

Discussion: Minority students desire health career exposure, mentoring, pre-college advising, and a positive racial climate; unfortunately, these desires often go unmet.

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Stereotype threat

Stereotype threat refers to being at risk of confirming, as self-characteristic, a negative stereotype about one's group.

Reduce stereotype threat

- Acknowledge the complex systemic and systematic challenges that patients of color experience – acknowledge that race matters
- Make diversity visible and recruit and retain racial and ethnic minority providers and staff
- Don’t talk only about health disparities
For 1991 to 2000, we contrasted the number of lives saved by medical advances with the number of deaths attributable to excess mortality among African Americans. Medical advances averted 176,633 deaths but equalizing the mortality rates of Whites and African Americans would have averted 886,202 deaths.

By eliminating health disparities for African Americans, five deaths could have been averted for every life saved by medical advances.

ACHIEVING EQUITY MAY DO MORE FOR HEALTH THAN PERFECTING THE TECHNOLOGY OF CARE.
EQUALITY  EQUITY  REALITY  LIBERATION
RECOMMENDATIONS FOR THE DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH

ON BECOMING AN ANTI-RACIST DEPARTMENT

DFMCH Diversity Equity and Inclusion Committee

https://www.fammed.wisc.edu/diversity/activities/anti-racism-initiatives-2020/
Visioning Organizational and Relationship Building

Assessment Review

Training and Capacity Building

Racial Affinity Caucus Group Development

Action Planning and Evaluation

https://www.ninacollective.com/our-team-1
Other videos worth watching

- Camara Jones, MD, MPH, PhD
  - Allegories on Race and Racism
    https://www.youtube.com/watch?v=GNhcY6fTyBM

- Dorothy E. Roberts, JD
  - The Problem with Race-Based Medicine
    https://www.ted.com/talks/dorothy_roberts_the_problem_with_race_based_medicine/discussion?nolanguage=en+

- Nadine Burke Harris, MD, MPH
  - How Childhood Trauma Affects Health Across a Lifetime
    https://www.youtube.com/watch?v=95ovIJ3dsNk&app=desktop
QUESTIONS?

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Rev. Martin Luther King, Jr.