

Making America Healthier for All: What Each of us can Do

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Patterns of America's Health

What are the Problems?

We Are Not the Healthiest

- U.S. ranks near the bottom of industrialized countries on health, and we are losing ground
 - 1980 = 11th on Life Expectancy
 - 2014 = 35th on Life Expectancy
 - U.S. Ranked behind South Korea, Greece, Cyprus, Cuba and Lebanon
 - And it is not just the minorities doing badly!
 - In 2014, White America would be = 34th
 - In 2014, Black America would be 96th
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A Larger Context for Disparities

There are large racial, socioeconomic, and geographic disparities in health but they should be understood within the context of the larger national disparity

All Americans are far less healthy than we could, and should be

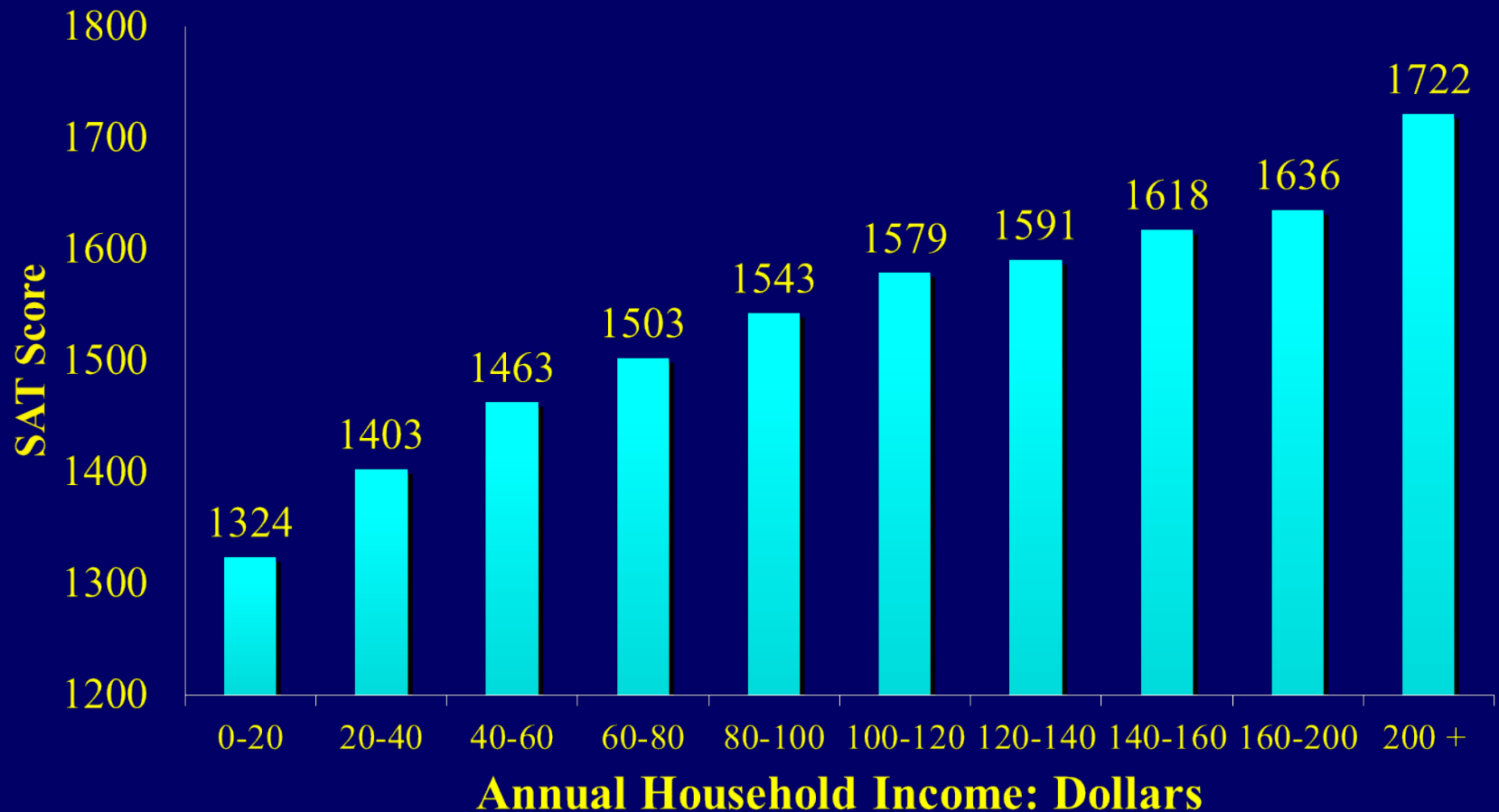
**Socioeconomic Status (SES) is a
central determinant of the
distribution of valuable
resources in society**

SAT = Scholastic Aptitude Test

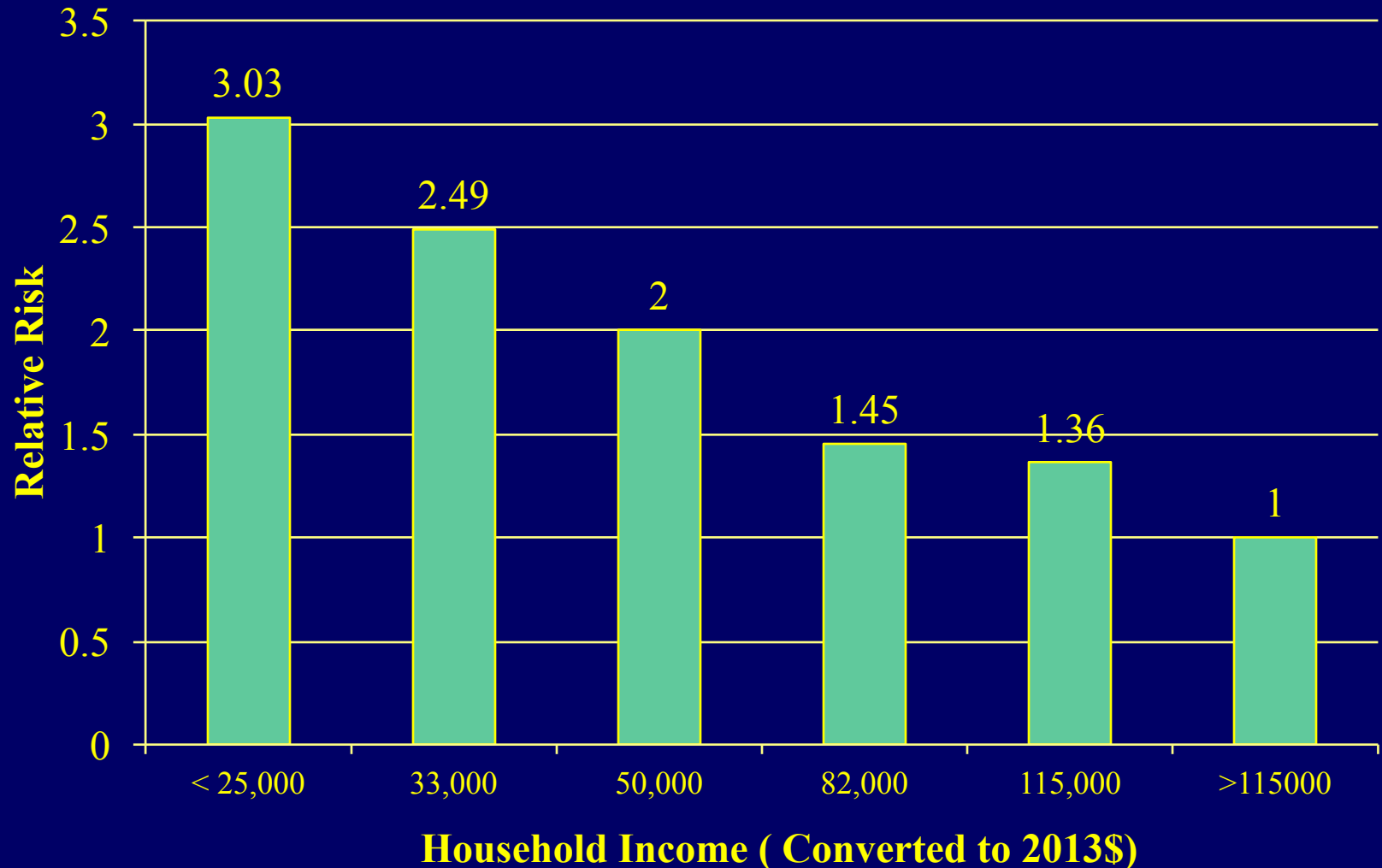
OR
Student Affluence Test?

SAT SCORE by Family Income

SAT Score (Math,Reading&Writing)



Relative Risks of All-Cause Mortality by Household Income Level: U.S. Panel Study of Income Dynamics



*There are Large Racial/Ethnic
Differences in SES*

Median Household Income and Race, 2015

Racial Differences in Income are Substantial:

1 dollar



White

1.23 dollar



Asian

72 cents



Hispanic

62 cents*



AI/AN

59 cents



Black

Median Wealth and Race, 2011

For every dollar of wealth that Whites have,



Asians have 81 cents



Blacks have only 6 cents



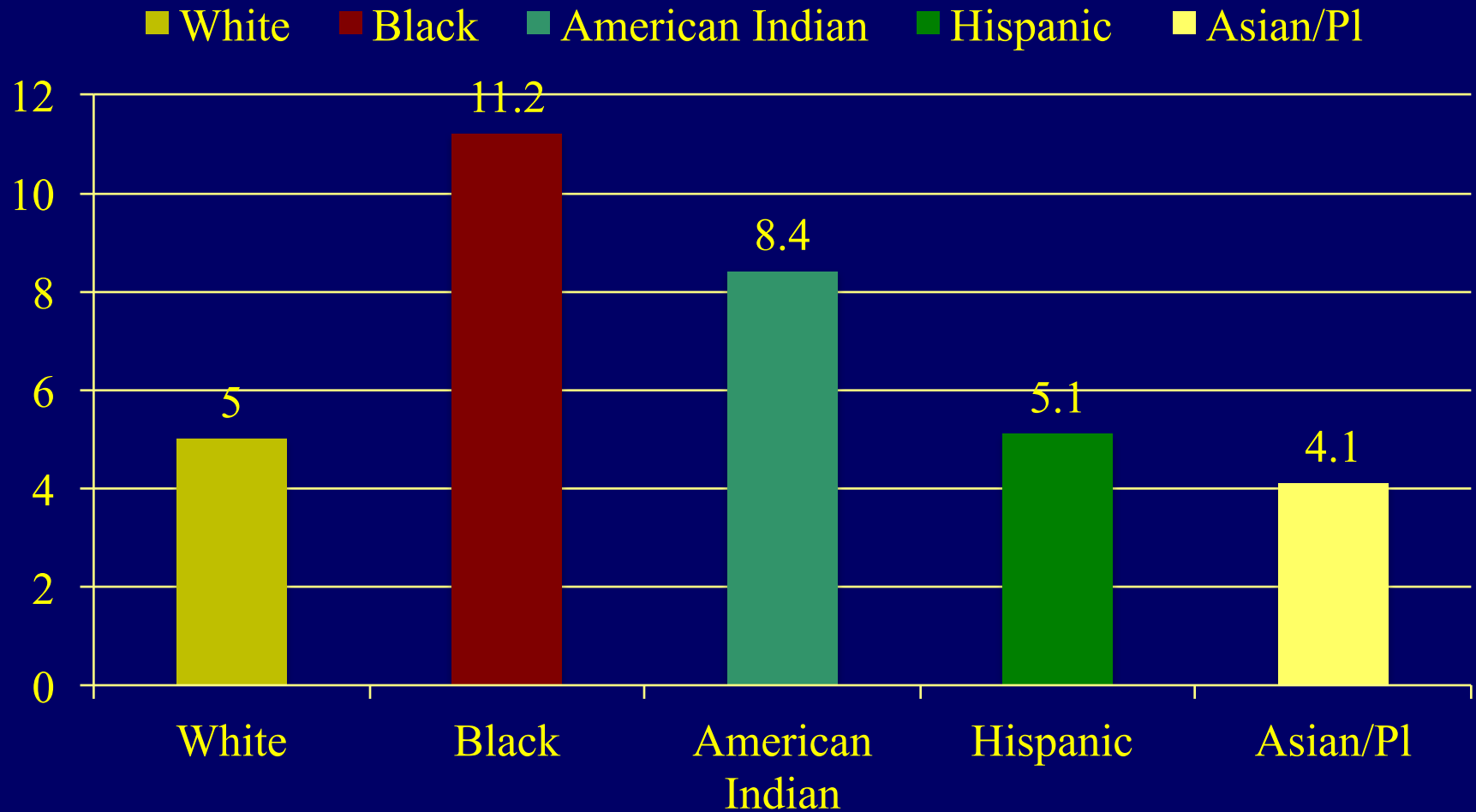
Latinos have only 7 cents



Race and Health: Two Patterns

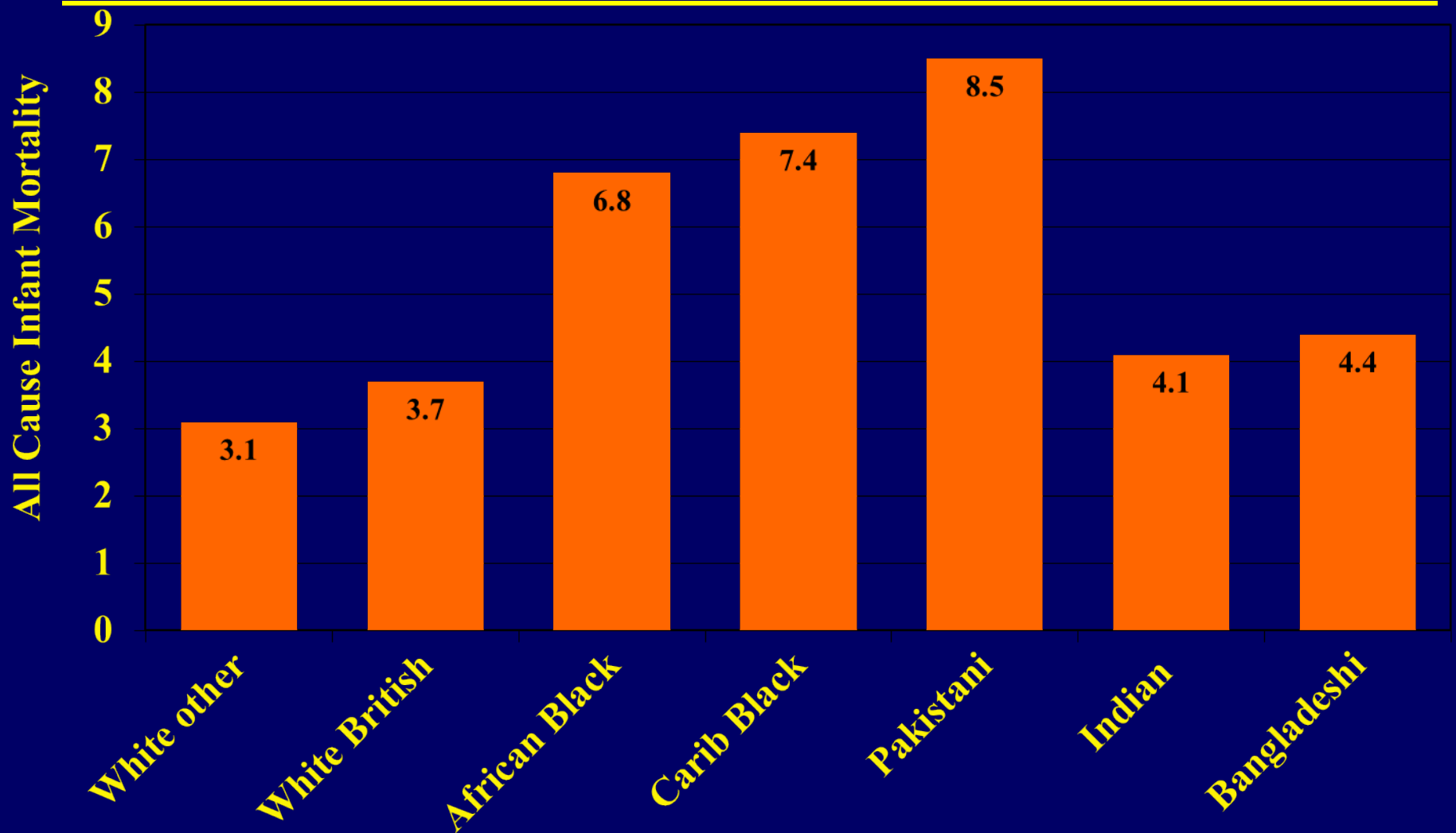
- Racial groups with a long history characterized by economic exploitation, social stigmatization, and geographic marginalization have markedly elevated levels of poor health outcomes:
 - Blacks or African Americans
 - American Indians and Alaskan Natives
 - Native Hawaiians and other Pacific Islanders
 - Immigrant groups tend to have better health than the U.S. average, but their health tends to worsen over time and across subsequent generations:
 - Asians
 - Hispanics or Latinos
-

Infant Mortality in the U.S., 2012



Infant Mortality by Ethnicity

England and Wales, 2011 Birth Cohort



Deaths per 1,000 live births, known gestational age, Office for National Statistics, 2013

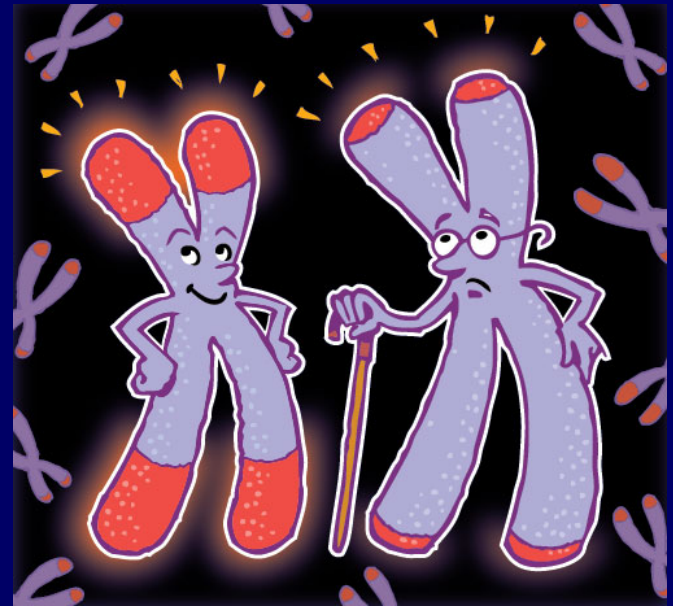
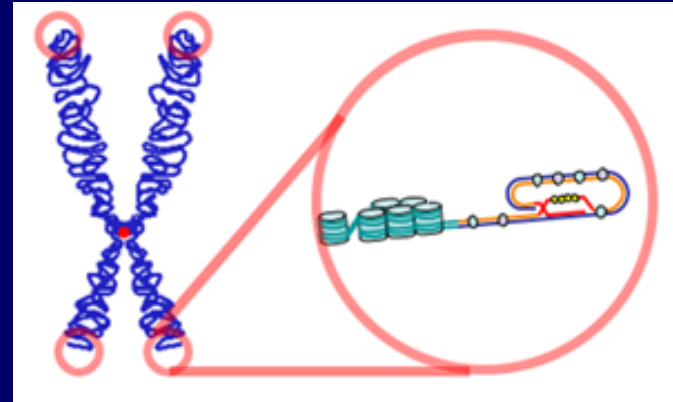
Minorities get sick younger, have more severe illness and die sooner than Whites

Biological Weathering

- Chronological age captures duration of exposure to risks for groups living in adverse living conditions
- U.S. blacks are experiencing greater physiological wear and tear, and are aging, biologically, more rapidly than whites
- It is driven by the cumulative impact of repeated exposures to psychological, social, physical and chemical stressors in their residential, occupational and other environments, and coping with these stressors
- Compared to whites, blacks experience higher levels of stressors, greater clustering of stressors, and probably greater duration and intensity of stressors

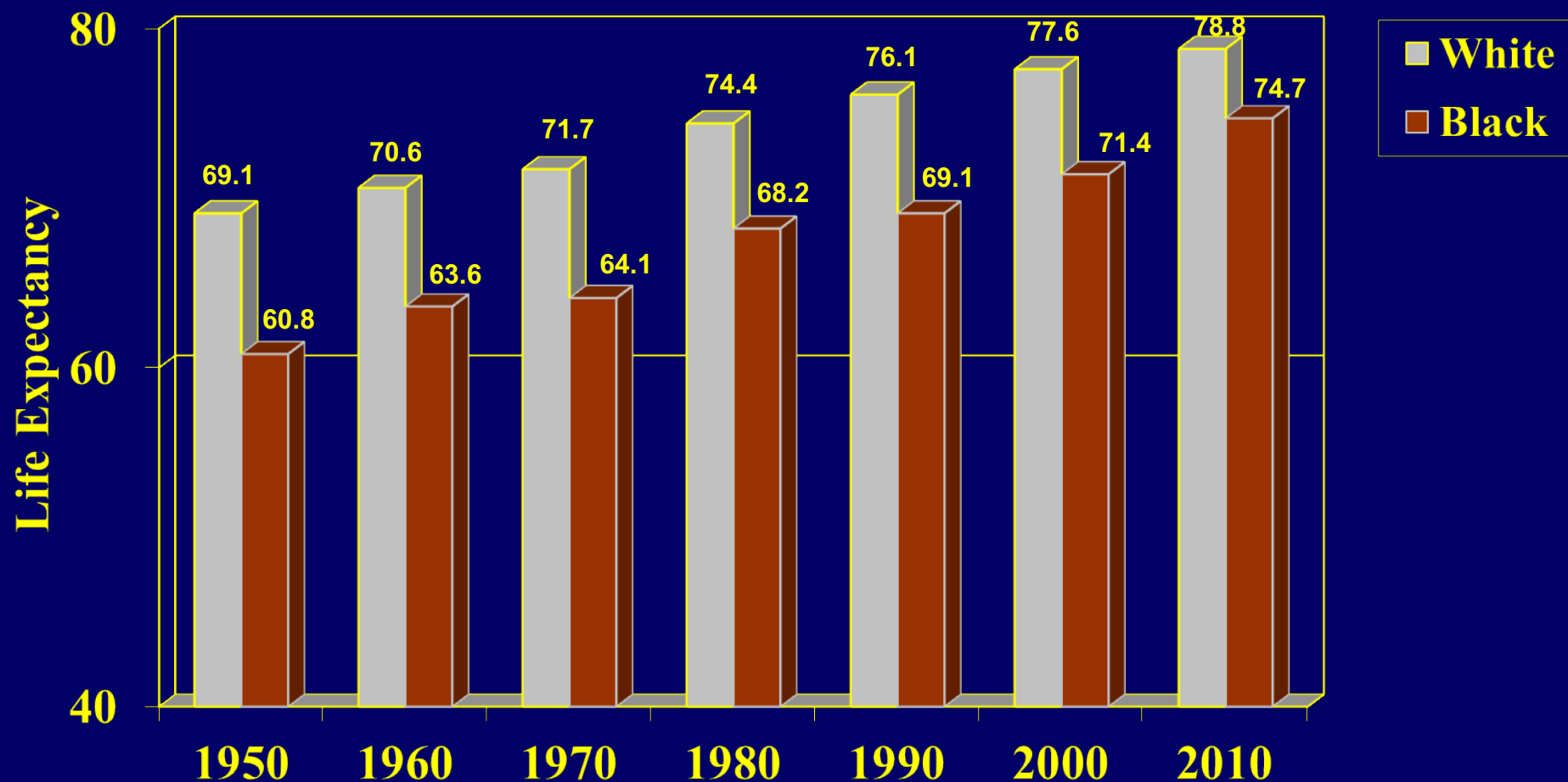
Racial Differences in Telomere Length

- Telomeres are sequences of DNA at end of chromosome. Telomere length is viewed as an overall marker of biological aging
- Study found that Black women had shorter telomeres than White women
- At same chronological age, black women had accelerated biological aging of about 7.5 years



Racial Disparities in Health Persist

Life Expectancy Lags, 1950-2010



Source: NCHS, Health United States, 2013

Added Burden of Race

- Race and SES reflect two related but not interchangeable systems of inequality
 - SES accounts for a large part of the racial differences in health
 - BUT, there is an added burden of race, over and above SES that is linked to poor health.
-

Life Expectancy At Age 25

Group	White	Black	Difference
All	53.4	48.4	5.0

Life Expectancy At Age 25

Group	White	Black	Difference
All	53.4	48.4	5.0
Education			
a. 0-12 Years	50.1		
b. 12 Years	54.1		
c. Some College	55.2		
d. College Grad	56.5		
Difference	6.4		

Murphy, NVSS 2000; Braveman et al. AJPH; 2010, NLMS 1988-1998

Life Expectancy At Age 25

Group	White	Black	Difference
All	53.4	48.4	5.0
Education			
a. 0-12 Years	50.1	47.0	
b. 12 Years	54.1	49.9	
c. Some College	55.2	50.9	
d. College Grad	56.5	52.3	
Difference	6.4	5.3	

Murphy, NVSS 2000; Braveman et al. AJPH; 2010, NLMS 1988-1998

Life Expectancy At Age 25

Group	White	Black	Difference
All	53.4	48.4	5.0
Education			
a. 0-12 Years	50.1	47.0	3.1
b. 12 Years	54.1	49.9	4.2
c. Some College	55.2	50.9	4.3
d. College Grad	56.5	52.3	4.2
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Why Race Still Matters

1. Health is affected not only by current SES but by exposure to adversity over the life course.
 2. All indicators of SES are non-equivalent across race. Compared to whites, blacks & Hispanics receive less income at the same levels of education, have less wealth at the equivalent income levels, and have less purchasing power (at a given income level) because of higher costs of goods and services.
 3. Personal experiences of discrimination and institutional racism are added pathogenic factors that can affect the health in multiple ways.
 4. Higher Exposure to multiple stressors
-

Individual vs Institutional Racism

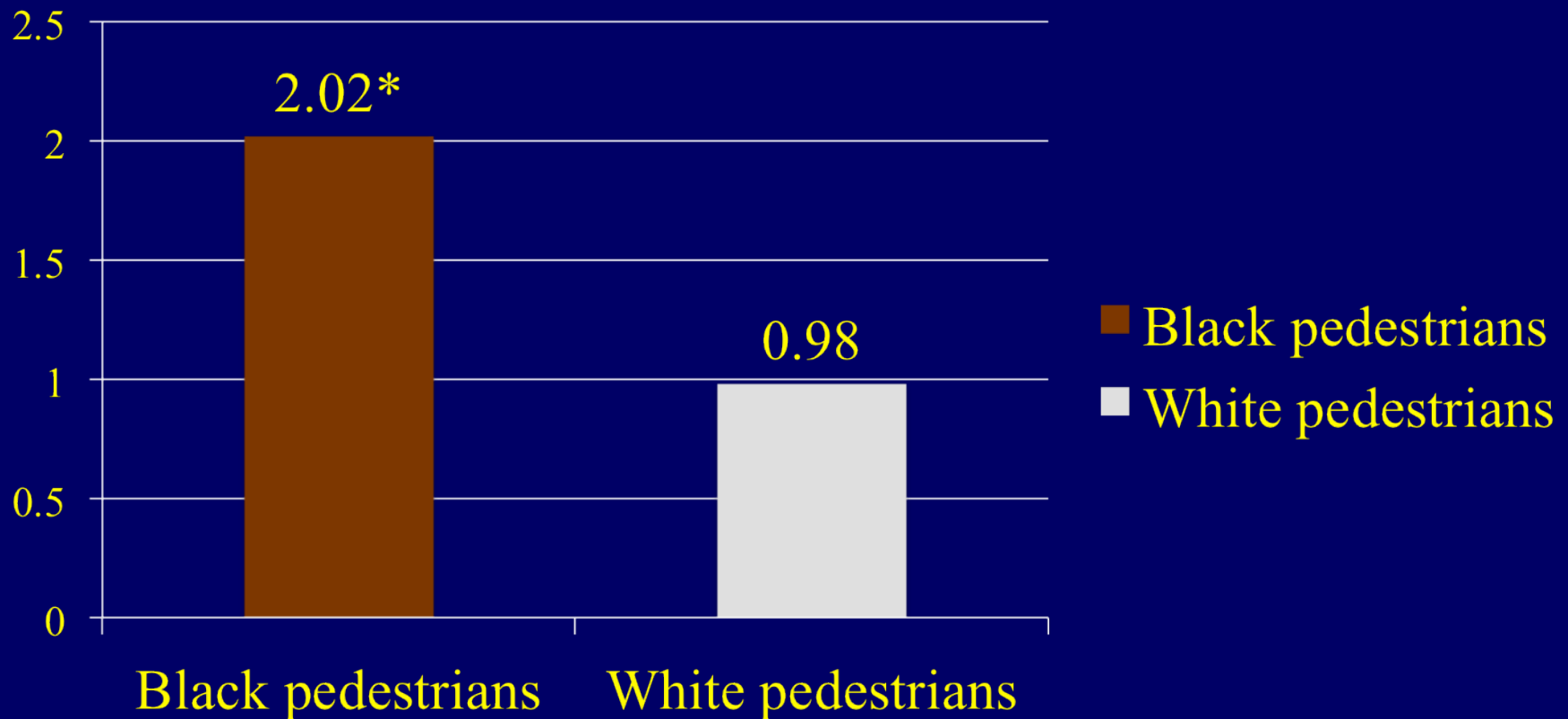
Individual Bias: Waiting at Crosswalks

- 3 Black and 3 White males, in Portland, OR
- Males in their 20s, wearing identical clothing
- Male indicates intention to cross



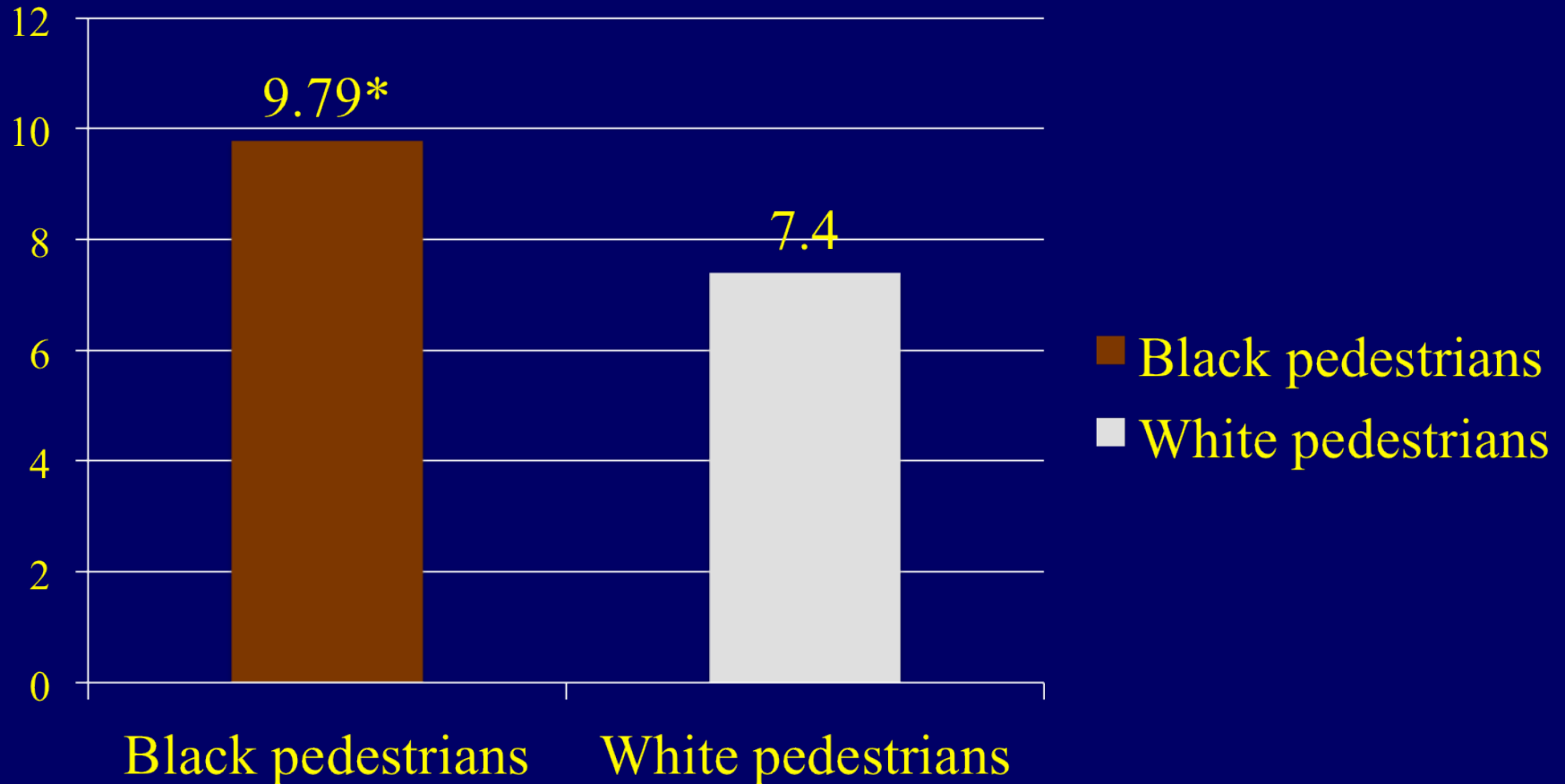
Multiple Cars Twice as likely to Pass Blacks

Average Number of Cars that Passed Without Stopping



Blacks Wait 32% Longer to Cross the Street

Second elapsed until driver yield



Institutional Discrimination: Waiting to Vote

Average number of minutes, 2012 Presidential Election

African Americans  23 min

Latinos  19 min

Asian Americans  15 min

Native Americans  13 min

Whites  12 min

Institutional Processes

- Length of time waiting to vote linked to the residence of the voter and the policies and procedures (budgeting and space constraints and local administrative procedures) linked to place:
 - How many voters being served by a polling site?
 - How many precincts in a given area?
 - Staffing of a precinct affects how long it takes to vote
-

Place Matters

Residential Segregation is
a striking legacy of racism



- As is the forced removal and relocation of indigenous peoples
- The institutionalized isolation and marginalization of racial populations has adversely affected life chances in multiple ways

Why Your Zip Code Matters

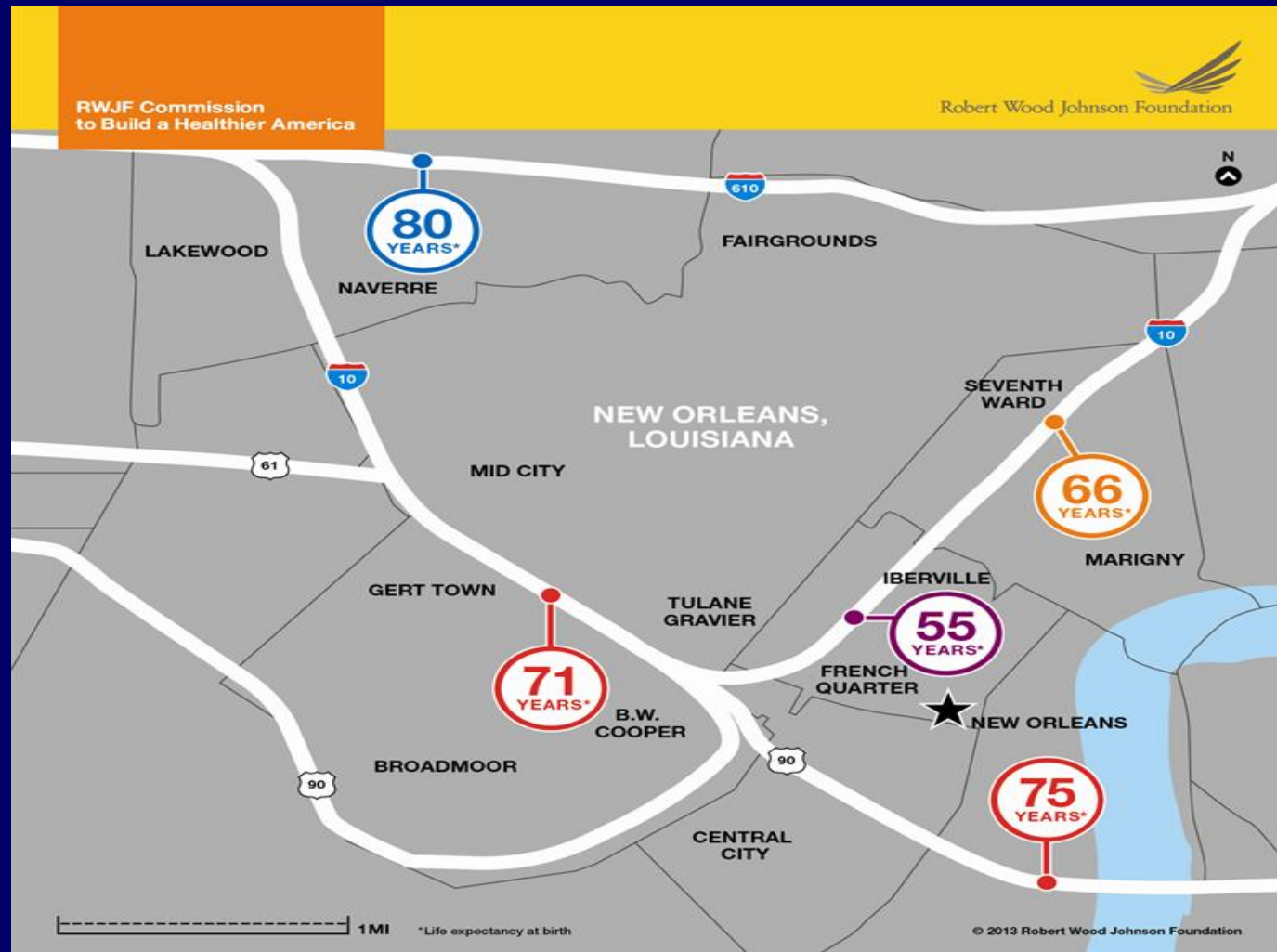
Where you live determines access to:

- High-quality schools
- Job opportunities
- Safe, affordable & healthy housing
- Fresh produce & nutritious food
- Safe to exercise, walk or play outside
- Nearby Nature
- Toxins (from highways, factories & other)
- Quality primary care and good hospitals
- Affordable, reliable, public transit
- Social cohesion and social capital



<http://pittsburghpa.gov/finance/>

Where you Live Matters



It Matters A LOT for your Health

Racial Differences in Residential Environment

In the 171 largest cities in the U.S., there is not even one city where whites live in equal conditions to those of blacks



“The worst urban context in which whites reside is considerably better than the average context of black communities.”



*Segregation Contributes to Large
Racial/Ethnic Differences in SES*

Residential Segregation and SES

A study of the effects of segregation on young African American adults found that the elimination of segregation would erase black-white differences in:

- Earnings
- High School Graduation Rate
- Unemployment

And reduce racial differences in single motherhood by two-thirds

Cutler, Glaeser & Vigdor, 1997



Where Racial Inequities in SES are Born

Large Racial/Ethnic Differences in SES are consequential for life:

- They are not acts of God*
- They are not random events*
 - They reflect successful implementation of social policies*

Racism has produced a truly “rigged system”

Perceived Discrimination:

Experiences of discrimination are
a neglected psychosocial stressor

Every Day Discrimination

In your day-to-day life how often do these happen to you?

- You are treated with less courtesy than other people.
- You are treated with less respect than other people.
- You receive poorer service than other people at restaurants or stores.
- People act as if they think you are not smart.
- People act as if they are afraid of you.
- People act as if they think you are dishonest.
- People act as if they're better than you are.
- You are called names or insulted.
- You are threatened or harassed.

What do you think was the main reason for these experiences?



Discrimination & Health: Tene Lewis

- **Everyday Discrimination: positively associated with:**
 - coronary artery calcification (Lewis et al., Psy Med, 2006)
 - C-reactive protein (Lewis et al., Brain Beh Immunity, 2010)
 - blood pressure (Lewis et al., J Gerontology: Bio Sci & Med Sci 2009)
 - lower birth weight (Earnshaw et al., Ann Beh Med, 2013)
 - cognitive impairment (Barnes et al., 2012)
 - poor sleep [object. & subject.] (Lewis et al, Hlth Psy, 2012)
 - mortality (Barnes et al., J Gerontology: Bio Sci & Med Sci, 2008).
 - visceral fat (Lewis et al., Am J Epidemiology, 2011)
-

Discrimination and Allostatic Load

- 331 Blacks (20 year olds), 9 rural counties in Georgia
- Discrimination assessed at age 16, 17, and 18
- Allostatic load assessed at age 20; overnight cortisol, epinephrine, norepinephrine, SBP, DBP, CRP, BMI
- 79% of sample had low and increasing levels of discrimination; 22% had stably high levels
- Stably high levels of discrimination as a teen linked to higher allostatic load at age 20
- Association increased when adjusted for CES-D, life stress, socioeconomic risk and unhealthy behavior.

Improving America's Health

What Can We Do?

Improving America's Health

Provide high quality care to every client

(This is very, very, hard to do in practice!)



UNEQUAL TREATMENT

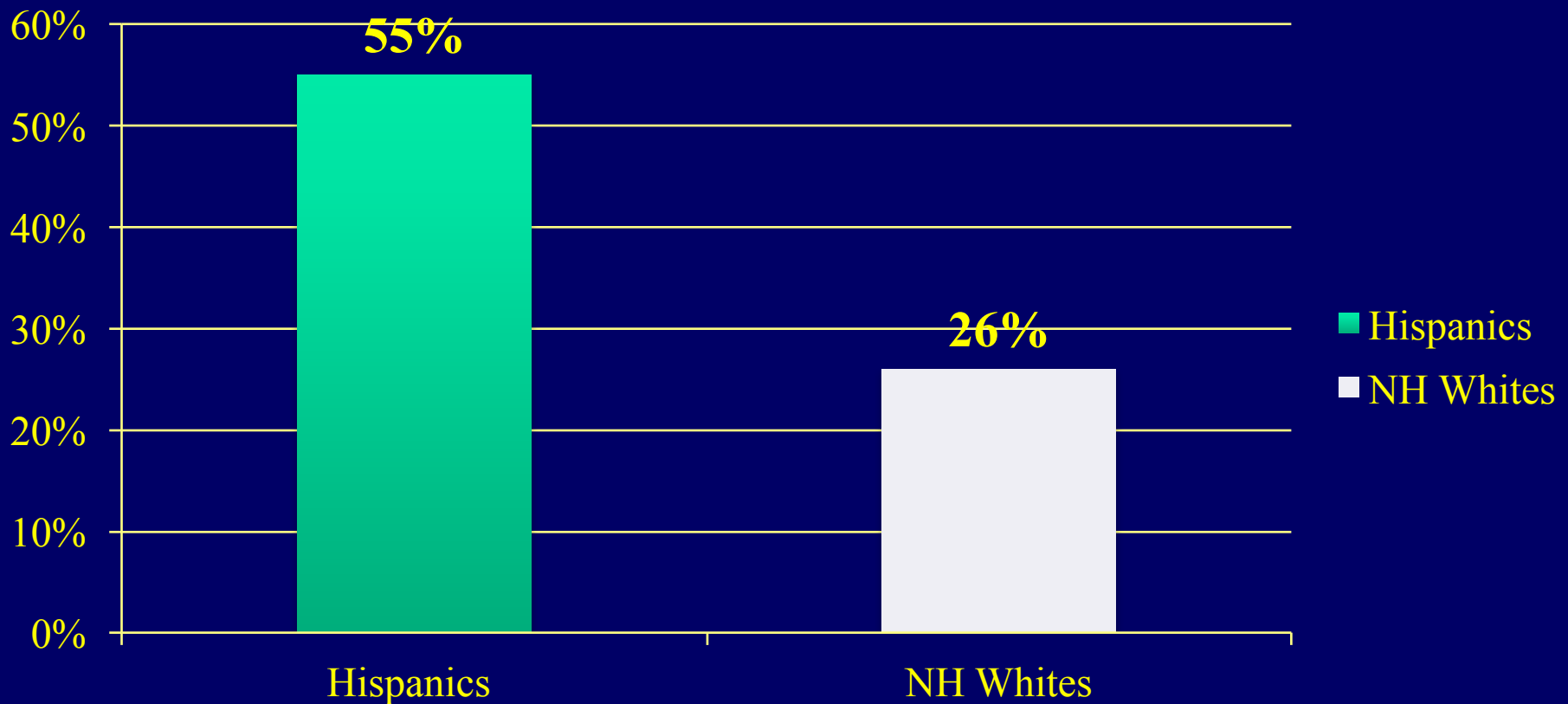
CONFRONTING RACIAL AND ETHNIC
DISPARITIES IN HEALTH CARE

INSTITUTE OF MEDICINE

Racial Bias in Medical Care

Ethnicity and Pain Medicine

Percent of Patients with broken bone receiving no analgesia



Disparities in the Clinical Encounter: The Core Paradox

How could well-meaning and highly educated health professionals, working in their usual circumstances with diverse populations of patients, create a pattern of care that appears to be discriminatory?

Unconscious Discrimination

- **When one holds a negative stereotype about a group and meets someone who fits the stereotype s/he will discriminate against that individual**
 - **Stereotype-linked bias is an**
 - **Automatic process**
 - **Unconscious process**
 - **It occurs even among persons who are not prejudiced**
-

“I am not racist: I know I don’t stereotype”

- Conclusive evidence that stereotypes are activated automatically (without intent).
 - Individuals frequently are not aware of activation nor impact on their perceptions, emotions and behavior.
 - They are activated more quickly and effortlessly than conscious cognition.
 - Many cognitive processes result in confirmation of expectancies (we process information in ways that support our beliefs).
-

Implicit Bias & Care for Blacks

- More Implicit bias associated with:
 - more clinician verbal dominance*
 - less patient centered dialogue
 - lower patient positive affect*
 - lower perception of respect from clinician*
 - less patient liking of clinician*
 - lower trust and confidence in clinician
 - less likely to recommend clinician to others*
 - less perception of clinician as participatory*
 - longer visits and slower speech (compensation for mistrust?)



*Where do these Negative Stereotypes
come from?*

Racial Stereotypes in Our Culture

- BEAGLE Project
- 10 million words
- Sample of books, newspapers, magazine articles, etc. that average college-level student would read in lifetime
- Allows us to assess how often Americans have seen or heard words paired together over their lifetime

Stereotypes in Our Culture

BLACK	poor	.64	WHITE	wealthy	.48
BLACK	violent	.43	WHITE	progressive	.41
BLACK	religious	.42	WHITE	conventional	.37
BLACK	lazy	.40	WHITE	stubborn	.32
BLACK	cheerful	.40	WHITE	successful	.30
BLACK	dangerous	.33	WHITE	educated	.30
FEMALE	distant	.37	MALE	dominant	.46
FEMALE	warm	.35	MALE	leader	.31
FEMALE	gentle	.34	MALE	logical	.31
FEMALE	passive	.34	MALE	strong	.31

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BLACK	cheerful	.40	WHITE	successful	.30
BLACK	dangerous	.33	WHITE	educated	.30
BLACK	charming	.28	WHITE	ethical	.28
BLACK	merry	.28	WHITE	greedy	.22
BLACK	ignorant	.27	WHITE	sheltered	.21
BLACK	musical	.26	WHITE	selfish	.20

Reducing Racial Bias Among Health Care Providers: Lessons from Social-Cognitive Psychology

Diana Burgess, PhD^{1,2}, Michelle van Ryn, PhD, MPH^{1,3}, John Dovidio, PhD⁴, and Somnath Saha, MD, MPH⁵

The Devine Solution

- Non-black adults can be motivated to increase their awareness of bias against blacks, their concerns about the effects of bias and to implement strategies which were effective in producing substantial reductions in bias that remained evident three months later
- Implicit biases viewed as deeply engrained habits that can be replaced by learning new prejudice-reducing strategies including stereotype replacement, counter-stereotype imaging, individuation, perspective taking and increasing opportunities for interracial contact.

Recognizing Unconscious Biases

Implicit tests, such as the Implicit Association Test (IAT), can reveal unconscious prejudice and stereotypes. These can engender negative emotional states that motivate people to be more sensitive to and attempt to counteract unconscious prejudice and stereotypes.

implicit.harvard.edu/implicit/

Improving America's Health

Care that Addresses the Social context

Care that Addresses the Social context



*Why treat illness
and send people
back to live in the
same conditions
that made them sick
in the first place?*

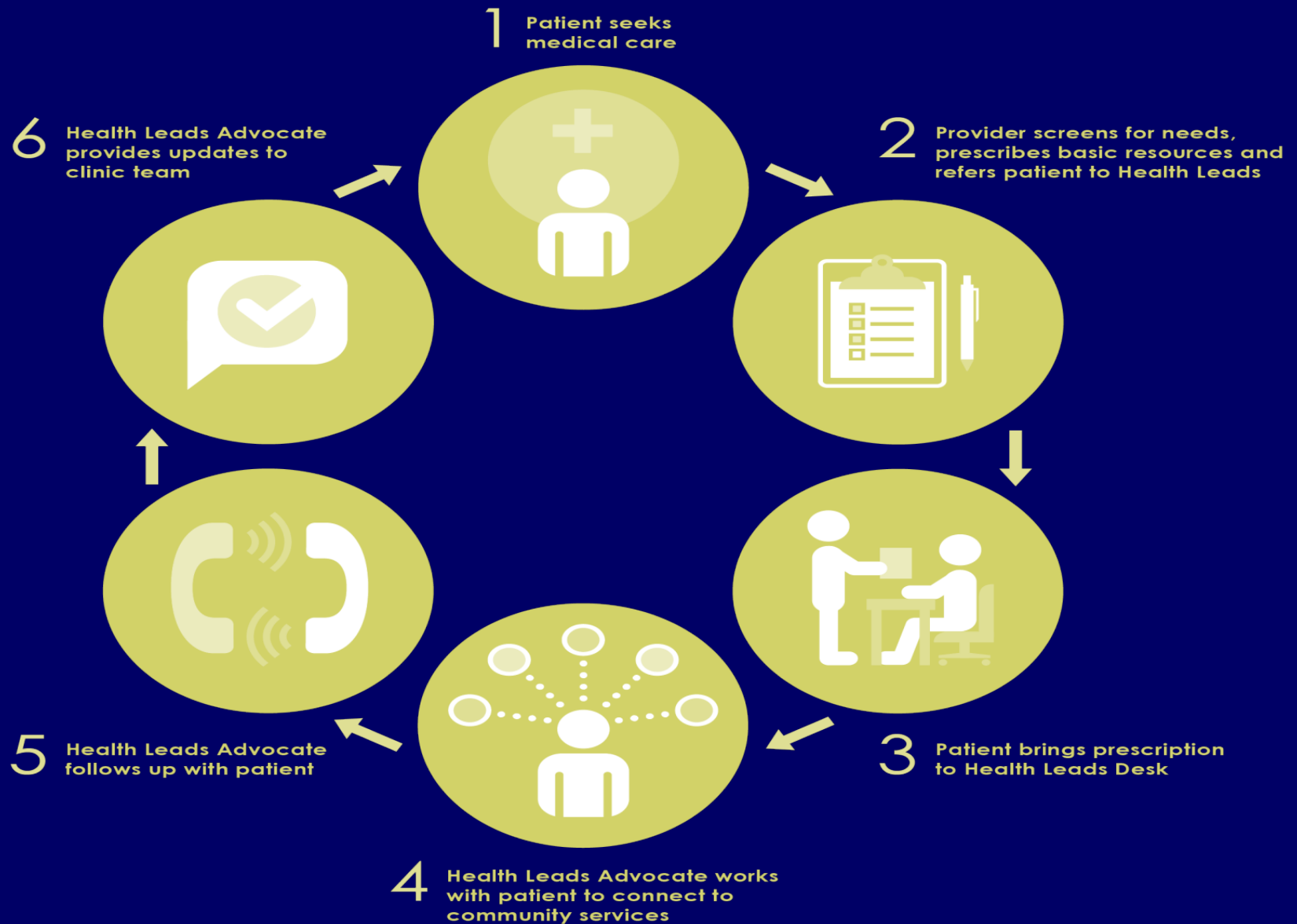
New Questions

- How can we identify patients' non-medical health needs as part of their overall care?
 - How can we connect patients to local services/resources that help people avoid getting sick in the first place or better manage illness, including mental health needs?
 - How can we be a strong leader and champion to collaborate with other sectors to improve health where patients live, learn, work, and play?
 - How can we connect community residents to jobs in the health care sector – one of the largest employers?
 - How can we use community health workers to provide services or link patients to needed supports?
-












Medical Legal Partnership

- MDs can refer to new specialists: on-site attorneys
- Most low-income persons face legal issues that affect the quality of life and their management of disease
- Adding lawyers to medical team screens & assists families for problems that affect effective care & illness management
- Stressors addressed: housing, immigration, income support, food, education access, disability, family law
- A child with asthma in a moldy apartment will not breathe symptom free, regardless of meds, without improved living conditions

The Health Leads Patient Process



Health Vital Signs Checklist

	Please check any box below that applies	
	Sometimes I don't have enough food for my family	<input type="checkbox"/>
	I worry that my home is unhealthy , or that my family may become homeless	<input type="checkbox"/>
	I have trouble paying my utility bills (gas, electricity and phone/cell phone)	<input type="checkbox"/>
	I need help finding job training or employment programs	<input type="checkbox"/>
	I want to apply for health/dental insurance for my children or for myself	<input type="checkbox"/>
	I want to find adult education classes(e.g. GED, ESL)	<input type="checkbox"/>
	I want to apply for public benefits (e.g. food stamps, cash benefits, WIC, SSI/SSDI)	<input type="checkbox"/>
	I want to find child care or activities for my children to do after school or during the summer	<input type="checkbox"/>
	My family needs clothing , diapers , car seats , back to school supplies , other.	<input type="checkbox"/>
	I am having legal issues, such as immigration and divorce	<input type="checkbox"/>
	I want help with transportation to clinic appointments, the pharmacy and other services	<input type="checkbox"/>

Promising Approaches

- The Oregon Medicaid program has implemented community care organizations which are similar to ACOs and which facilitate collaboration between health care and social services providers, with the goal of improving community health.
 - Hennepin Health Accountable Care Organization is linking Medicaid health services and county-provided social services such as housing and employment counseling.
-

Moving Further Upstream

Effective Policies to reduce inequalities in health must:

Address fundamental non-medical determinants

Focus on Place-based solutions, in addition to people-based solutions

Improving America's Health

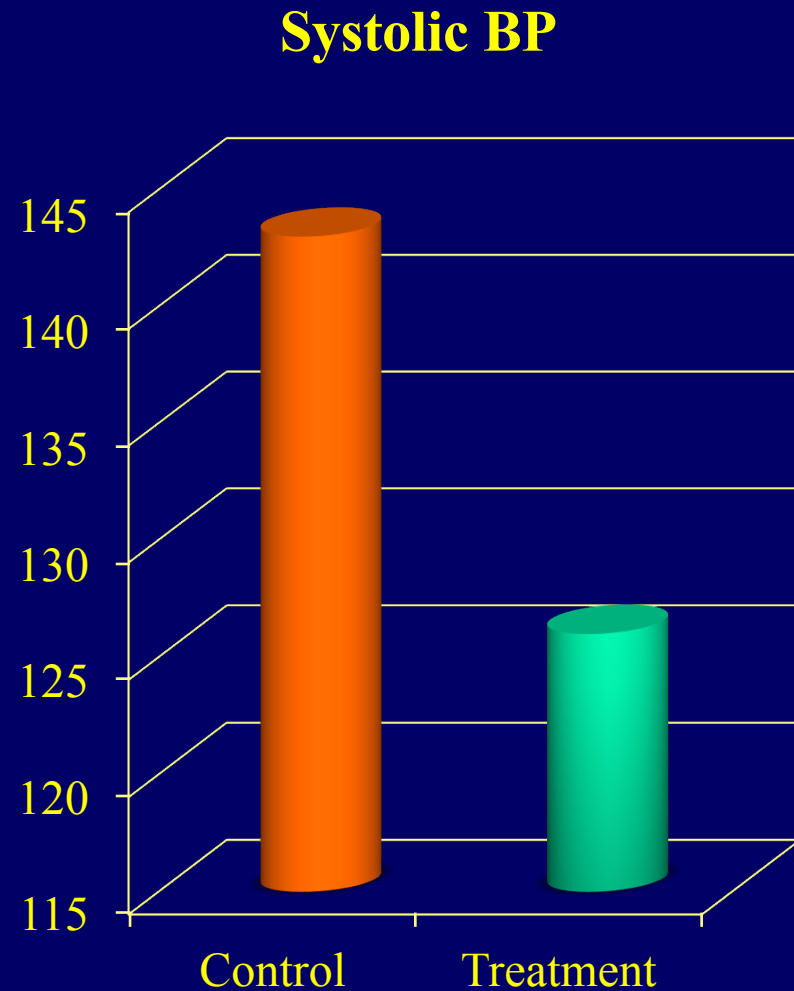
Early Childhood Interventions

Carolina Abecedarian Project (ABC)

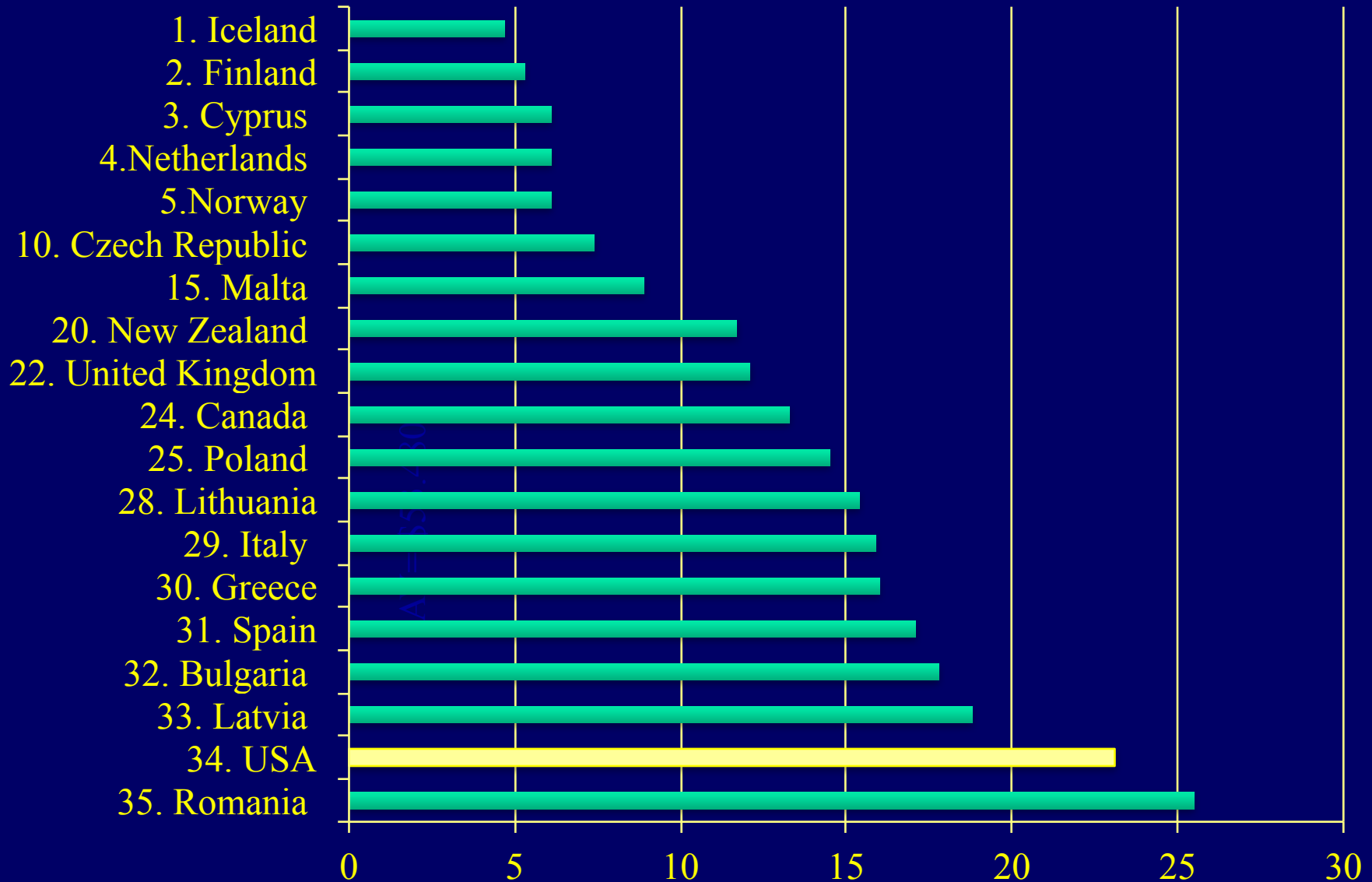
- 1972-77, economically disadvantaged children, birth to age 5, randomized to early childhood program
- Program offered a safe and nurturing environment, good nutrition and pediatric care
- At age 21, fewer symptoms of depression, lower smoking & marijuana use, more active lifestyle, & educational & vocational assets benefits
- In mid-30's, lower levels of multiple risk factors for CVD and metabolic disease. Effects stronger for males

Carolina Abecedarian Project (ABC)

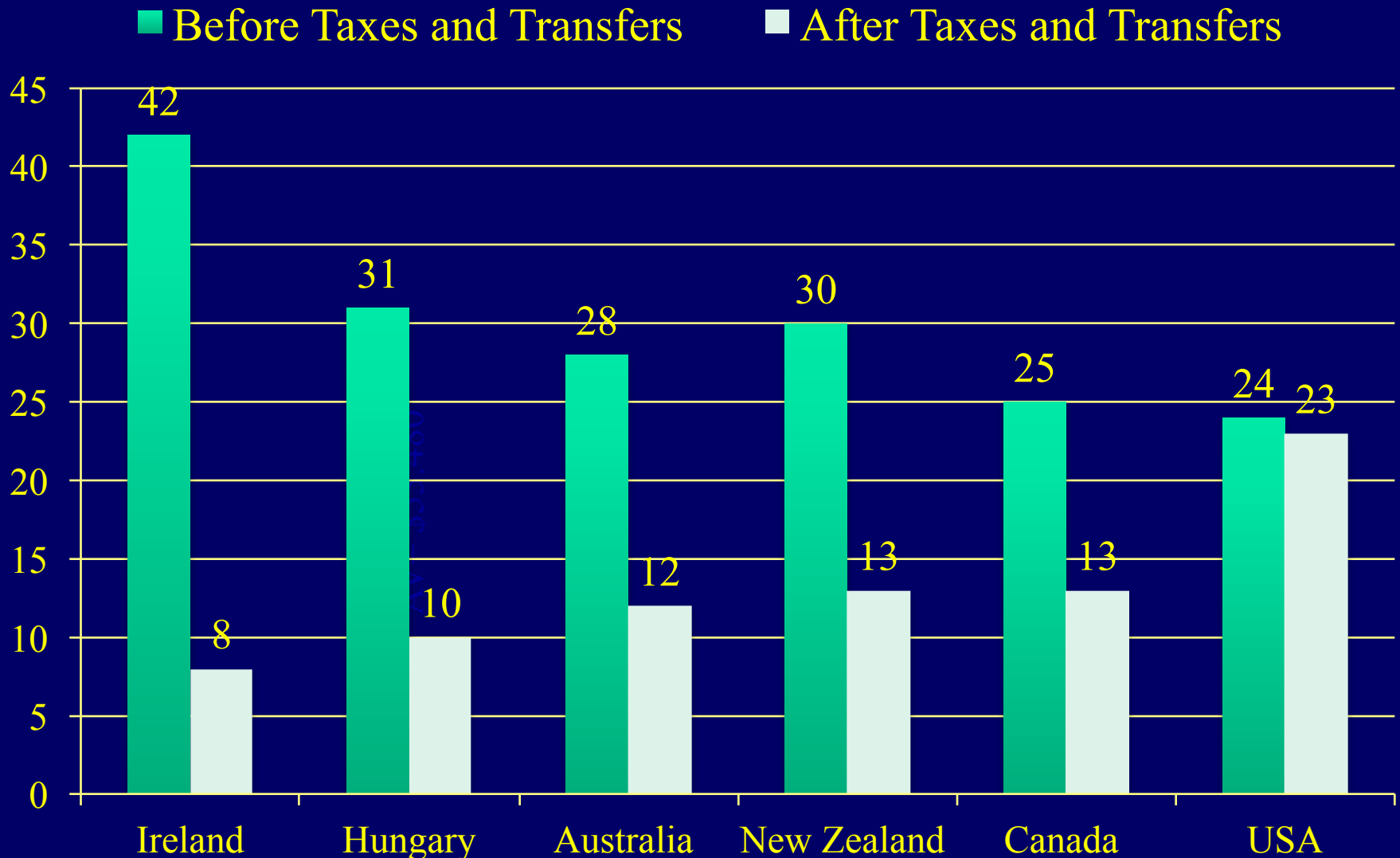
- Example: systolic BP
143 mm Hg in male
controls vs. 126mm Hg
in the treatment group
- One in 4 males in
control group met
criteria for metabolic
syndrome compared to
none in the treatment
group
- Lower BMI at zero to 5
yrs equals a lower BMI
in their 30s



Child Poverty Rate



Child Poverty Rate



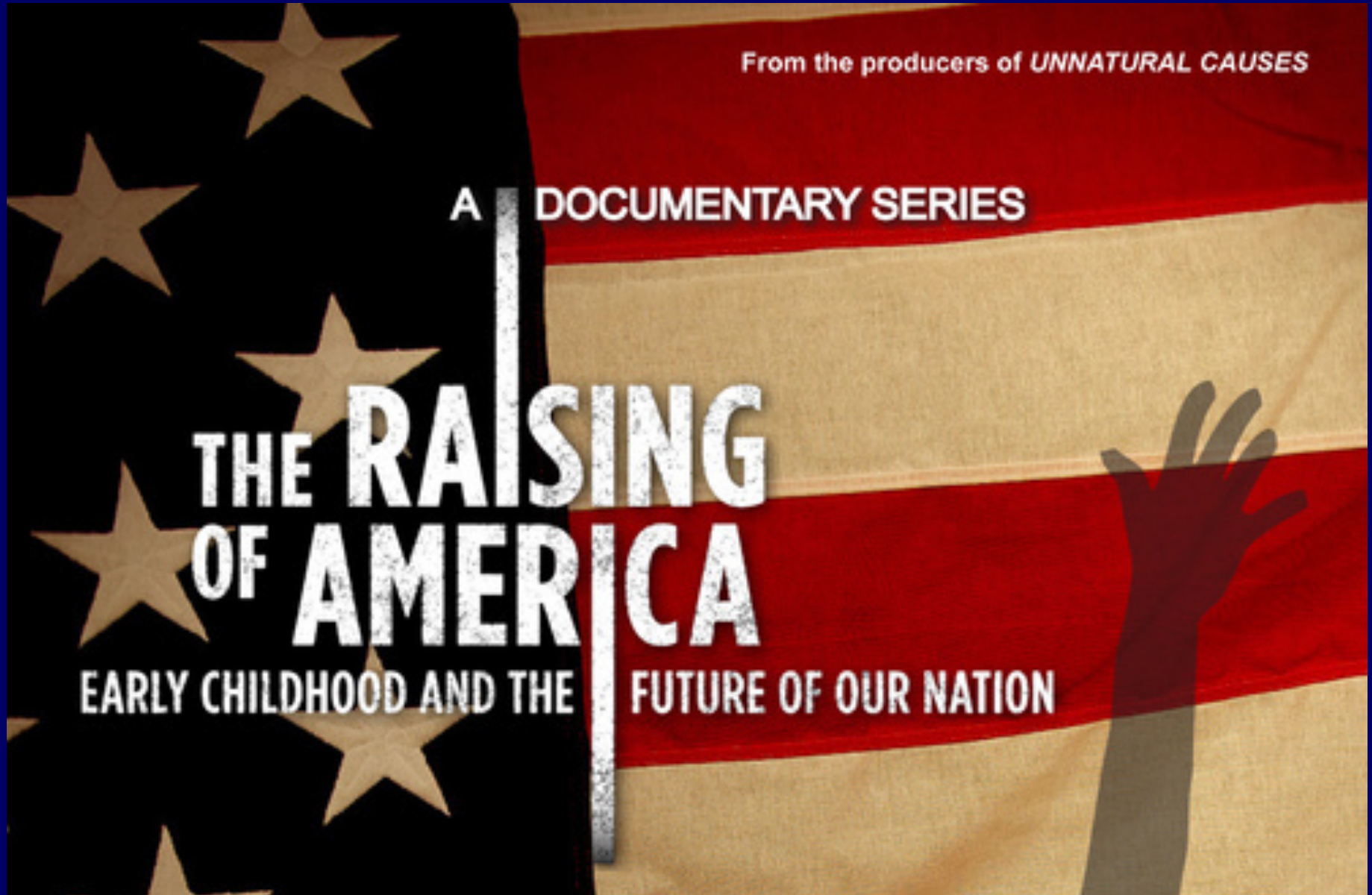
New Resource

From the producers of *UNNATURAL CAUSES*

A DOCUMENTARY SERIES

THE RAISING OF AMERICA

EARLY CHILDHOOD AND THE FUTURE OF OUR NATION



Moving to Opportunity

- The Moving to Opportunity Program randomized families with children in high poverty neighborhoods to move to less poor neighborhoods.
- Three years later, there were improvements in the mental health of both parents and sons who moved to the low-poverty neighborhoods
- 10 to 15 years later, movers had lower levels of obesity, severe obesity & diabetes risk (HbA_{1c})

Purpose Built Communities

- Based on efforts in Atlanta's East Lake district
 - Purpose Built Communities uses integrative strategies including cradle-to-college educational opportunities, mixed-income housing, early child development programs, employment support and recreational opportunities
 - Community engagement and philanthropy
 - **Key:** addressing all of the challenges faced by disadvantaged communities simultaneously
 - Purpose Built Communities in Atlanta, New Orleans, Indianapolis, Charlotte, among others
-

Implementing the Purpose Built Model



Strong local leadership. A proven national model. Best in class partners.

East Lake Meadows - 1995

Safety

- 18x national crime rate
- 90% of families victims of a felony each year
- \$35 million a year drug trade

Housing

- 100% public housing
- 1400 residents in 650 apartments
- 40% of units unlivable

Employment

- 13% employment
- 59% of adults on welfare
- Median income of ~\$4,500

Education

- One of lowest performing schools in Georgia
- 5% of 5th graders meet state math standards
- 30% graduation rate

Villages of East Lake - Present

Safety

- 73% reduction in crime
- 90% lower violent crime

Housing

- High-quality, privately managed housing
- Mixed-income (50% public housing, 50% market rate)
- 1400 residents in 542 apartments

Employment

- 75% employment in public housing, remainder in job training, elderly or disabled
- Median income of ~ \$15k in public housing households

Education

- ~1500 in Pre-K through 10th
- 98% meet or exceed state standards
- A top performing school in Atlanta and the state

The Social Safety Net Matters

A walk down memory lane

1981 Cuts in Health & Social Services

- 500,000 persons lost eligibility for Aid to Families with Dependent Children (AFDC)
- 1 million persons dropped from Food-stamps
- 600,000 net loss of Medicaid beneficiaries between 1981 and 1983
- Medicaid covered 52 of the poor in 1985 compared with 65% in 1976
- In some states, less than 20% of poor were covered
- Some cities had a 21% decrease in Medicaid eligibility



Source: Wikipedia

Children Hardest Hit

- Children were 40% of all poor Americans, and Medicaid covered only a third of them



Source: National Institute of Health

- For the poor not covered by Medicaid, community health centers are source of OB and pediatric care
- 1982 funding cuts closed over 250 centers, and over a million people lost their one source of care
- 1 million children lost reduced price school meals
- The WIC program had enough funding to serve a third of those eligible

Impacts on The Elderly

- Elderly experienced reduced access to care
- Av. Medicare deductible for a hospital stay doubled from 1981 to 1985



Source: Late Adulthood

- Medicare cuts projected to raise beneficiary costs by \$11 billion plus in 5 years
- Out-of-pocket expenses for health care in 1985 were a bigger proportion of total living costs for the elderly than before Medicare was enacted
- Proposals to limit Social Security cost-of-living allowances projected to increase the number of poor elderly by 72%

Health Impact: Pregnant Women

- There was a nationwide increase in the number and percentage of women who did not receive any prenatal care at all or none before the third trimester
- Women who received the least care were the ones without insurance, and especially those who lost coverage
- Obstetric visits at neighborhood health centers declined by 14% after 1981 cuts, even with a 4% increase in births
- There was a 143% in the incidence rate of anemia in pregnant women
- A woman without adequate prenatal care, twice as likely to have a baby who needs intensive care



Source: National Institute of Health

Health Impact: America's Babies

- Women with no prenatal care are 3 times as likely to have a LBW baby
- Increase in the incidence of LBW
- Decline in infant mortality slowed since 1982 (from av. annual rate of 4.6% from 1965 to 1982, to 2.7% from 1982 to 1983, to 2% from 1983 to 1984)
- Increase in infant mortality in poor areas, 20 states, 1981-82
- 1982-84, neonatal mortality continues decline, but mortality in the next 11 months of life increasing for the first time
- High-techy care saving neonates, but inadequate nutrition, healthcare and other support for families



Source: CDC

Health Impact: America's Children

- Preventable childhood diseases rise in poor populations
 - From 1981-83, 21% increase in pediatric admissions to Chicago's Cook County Hospital ER for failure to thrive or diarrhea and dehydration
 - 14 % of inner-city children in Boston were below the 5th percentile in growth (3 times expected rate)
 - 20% of low-income children in Minneapolis have anemia
 - From 1982 to 1983, a 59% increase in children with elevated blood lead levels and a 52% increase in lead poisoning
 - In 1984 the incidence of measles increased for the first time since the introduction of the vaccine in 1963
-



Source: CDC

Health Impact: Adults with Chronic Disease

- Hypertensive patients who lost Medicaid had a 10-mm increase diastolic BP
- A control group of sicker patients had a 5 mm decline
- There were 5 deaths in the group cut from Medicaid but no deaths in the control group
- Inadequate nutrition or discontinued medication may be contributing to deteriorating health for persons with chronic diseases, such as diabetes and hypertension



Source: CDC

We need advocacy keep and strengthen
a very fragile safety set that is likely to
become even more strained

RWJF.org/Commission

RWJF Commission
to Build a Healthier America



Time to Act: Investing in the Health of Our Children and Communities

Recommendations From the Robert Wood Johnson Foundation
Commission to Build a Healthier America



Robert Wood Johnson Foundation

"True compassion is more than
flinging a coin to a beggar; it
understands that an edifice which
produces beggars needs restructuring."

- - Dr. Martin Luther King, Jr.

A Call to Action

“Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope, and those ripples build a current which can sweep down the mightiest walls of oppression and resistance.”

- Robert F. Kennedy