

Getting to the root of America's racial health inequalities

Barack Obama's health reform will improve but not eliminate deep racial health inequalities in the USA, say experts who want the social determinants of the disparities tackled. Sharmila Devi reports.



Racial inequalities in health encompassing the onset, course, and outcome of illness have been well documented in the USA and persist to this day. However, efforts to address these disparities are often blocked by a polarised and sometimes poisonous political atmosphere, say health-care professionals.

Wider discussion of historical injustice, particularly against African Americans, and how far past wrongs account for present-day disparities remains fraught with controversy, illustrated by many legal challenges to affirmative action policies in recent years. But health indicators paint a picture of a racially divided society despite great strides made by the civil rights movement more than 50 years ago up to the election of Barack Obama as president 4 years ago. "Studies have shown that both whites who voted for or against Obama feel there's less need to address racial inequalities as if the fact that a black male has made it to the White House has solved all our problems", said David Williams, a public health professor at the Harvard School of Public Health, Boston, MA.

Disparities exist across a range of illnesses including chronic kidney disease, breast and lung cancer, and depression, as well as in alcohol-related mortality. Yet "more than half of Americans are unaware that disparities exist. Among health-care professionals, there is greater awareness but limited understanding of the drivers behind them", Williams said. "Racial inequality doesn't come about through acts of God or fall out of the blue sky but reflects social policy."

Federal statistical agencies use five racial categories: American Indian or Alaska native; Asian; black or African

American; native Hawaiian or other Pacific islander; and white. There are two categories for data on ethnicity: Hispanic or Latino; and Not Hispanic or Latino although some have argued for Hispanic to be treated as a racial category.

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Mortality statistics are more accurate for blacks and whites than for other racial populations partly because of the misclassification of Asians, Hispanics, and American Indians as white on death certificates, leading to understated mortality rates for these groups, Williams said in a paper called *Miles to go before we sleep: racial inequalities in health* to be published in the *Journal of Health and Social Behaviour*.

In the 1950s, blacks had a life expectancy at birth of 60.8 years, compared with 69.1 years for whites, according to the National Centre for Health Statistics 2011. In 1990, blacks achieved the life expectancy that whites had in 1950 but in 2007, there was still a 5-year gap between the two groups. Although health outcomes have been tied to income and social economic status, there are black-white differences in life expectancy of at least 3 years at every level of income. Researchers have also struggled to explain what has been called the Hispanic paradox, whereby immigrants have better health but their health declines over time and in subsequent generations.

High hopes rest on Obama's 2010 health-care law, which aims to bring insurance coverage to more

than 30 million of the roughly 50 million uninsured and slow soaring medical costs over the next few years. Republicans disparage the reform as Obamacare while Democrats accuse them of racism because many conservatives think minorities will benefit most.

Meanwhile, the challenge of reducing disparities remains daunting. "Resource allocation is a problem", said Thomas LaVeist, director of the Hopkins Centre for Health Disparities Solutions at the Johns Hopkins Bloomberg School of Public Health, Baltimore, MD. "The Patient Protection and Affordable Care Act, if fully-funded, will improve but not eliminate disparities. Health-care coverage and lack of access is only part of the problem of why race disparities exist and we have to look at societal issues."

He has identified six key areas where intervention can help to reduce inequalities: socioeconomic conditions; social and physical environments; access to quality care; cultural competency; health literacy; and empowered health-care consumers.

LaVeist's research has encompassed the infamous Tuskegee Syphilis Study, a government experiment that

For the **podcast** see <http://www.thelancet.com/themed/us-election-2012>

For the **2005 study** by LaVeist and colleagues see

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For the **Action Plan to Reduce Racial and Ethnic Health Disparities** see http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf



Cobis

studied the natural progression of the untreated disease in mostly poor black men for 40 years before it was exposed and ended in 1972.

He was coauthor of a 2005 report that found few blacks had heard of the Tuskegee experiment but were more likely than whites to be distrustful of medical care. In spite of this, a later Johns Hopkins study also finding that blacks had less faith in the medical system and research, simply assumed that knowledge of Tuskegee was a major reason, said LaVeist.

LaVeist said there should be more emphasis on contemporary factors that may make blacks less likely to want to participate in trials, such as using lower quality health-care facilities, having more difficulty in getting appointments, and experiencing longer waiting times.

LaVera Crawley, assistant professor at Stanford University's Department of Paediatrics, Stanford, CA, said the issue of racial disparities had fallen down the agenda compared to 10 years ago because "the political climate is so divisive that issues like this get shunted aside".

She noted that the polarisation extended to debates among physicians on members-only web and blogging sites. "Physicians have been making a lot of complaints about reform, blaming the poor for their condition, and saying their practices can't afford to take care of poor people", she said. "But if you were to talk to these physicians, they would deny they're biased and say they're only expressing anger about the economy and politicians."

One way forward is a roadmap for best practice aimed at organisations to reduce racial disparities drawn up by Marshall Chin, a professor of medicine at the University of Chicago Medical Center, Chicago, IL. It includes cultural targeting, for example, using religious and church messaging.

Greater collaboration among health-care providers and communities is another way forward. Chin

led a diabetes initiative on the South Side of Chicago, a predominantly African-American community where the prevalence of diabetes is 19.3% compared with 10.7% nationally.

A local farmers market, a pharmacy chain, and the city's food bank created a programme of food prescriptions to provide access to free or discounted healthy food. Wallet-sized medication cards listing patients' medications were issued. Physicians were able to prescribe 6 months of free access to a local gym. To reduce mistrust, patient education was combined with training in shared decision making skills. "Education had been didactic—that went in one ear and out the other—and, on top of that, there were racial dynamics. But more active decision making has led to better outcomes", said Chin. "Our medical centre has become more responsive to the surrounding community and we've seen an attitudinal shift in who comes to our hospital."

Community health workers are a key feature of the *Action Plan to Reduce Racial and Ethnic Health Disparities* launched last year by the Health and Human Services Department and it is the first of its kind, said J Nadine Gracia, the acting deputy assistant secretary for minority health. "Health is not just determined in the doctor's office but by where you live", she said. "The goal is to help Americans live healthier at every stage of life and we have 17 agencies across the government recognising that when you talk about health, you cannot work alone."

Residential segregation of racial minorities is seen by researchers as one of the biggest hurdles to overcoming health disparities. Living in a poor neighbourhood with high crime rates, stressful levels of noise making it harder to sleep and rest, poor schools, and little to no access to healthy food and exercise options are all seen as the social determinants of health. "In total numbers, there are more poor white children than poor

black children but poor white children are more likely to go to school in a middle-class area so they escape the effects of concentration of poverty", said Harvard's David Williams.

The importance of the environmental and social determinants of health is also being raised at the grassroots level by Human Impact Partners, a non-profit organisation based in Oakland, CA. It works with low-income communities to understand the effects of local projects on health, for example, how a new motorway might affect asthma rates.

Health impact assessments started in the UK, said Jonathan Heller, co-director of Human Impact Partners. "We work with communities already suffering from health disparities and there is a growing awareness of the need for analysis that isn't just economic", he said.

"For example, the GI Bill [providing benefits for returning World War 2 veterans] served white soldiers, and African-Americans weren't given the same opportunities. The latest crisis is subprime mortgages and African-Americans, who did have the lowest rates of home ownership, are now the hardest hit and have the highest foreclosure rates."

Paula Braveman, professor of family and community medicine at the University of California, San Francisco, CA, is a forceful advocate for more data collection and research relating health to socioeconomic status and other social factors. "In the US, people don't talk about class but there is a growing discussion about income inequality. Thinking the solution is just greater sensitivity reduces the issue to cultural competencies", she said. "But I remain eternally hopeful and a growing awareness of the non-medical determinants and social determinants opens the door for the public to understand how social inequalities develop."

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