Causes of the causes of health inequity

The NYS Moving on Maternal Depression Project

Martine Hackett, PhD, MPH
Associate Professor
Hofstra University

The power of definitions

Health Disparity

- The differences or variations in the health achievements of individuals and groups
- A descriptive term, referring to measurable quantities
- Adversely affect groups of people who have systematically experienced greater obstacles to health

Health Inequality

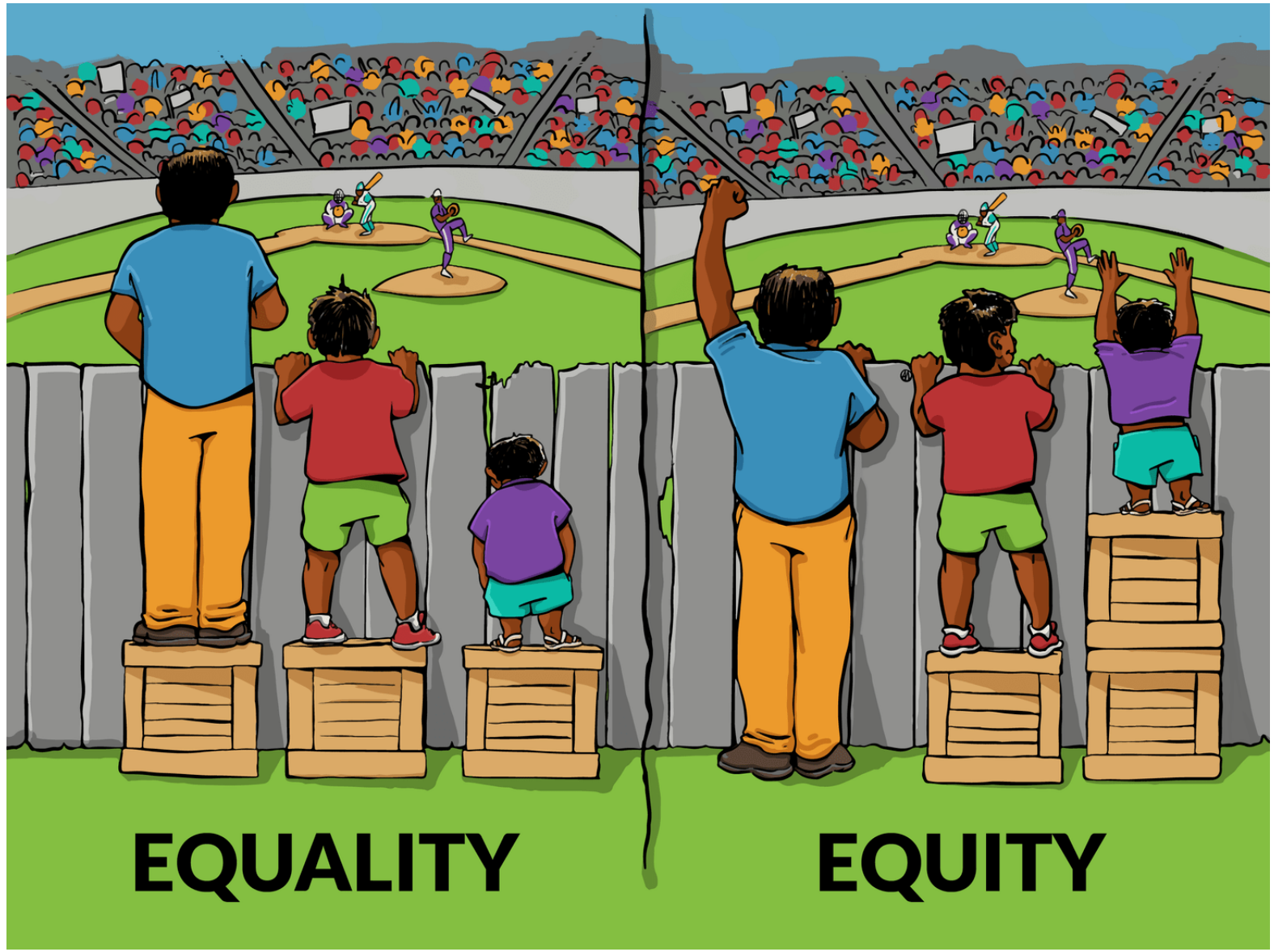
- Interchangeable with health disparity

- Health disparities/inequalities include differences between the most advantaged group in a given category-e.g., the wealthiest, the most powerful racial/ethnic group- and all others, not only between the best- and worst-off groups (Braveman, 2002)

Health Equity

- Inequalities in health that are deemed to be unfair or stemming from some form of injustice

- Inequity and equity…are political concepts, expressing a moral commitment to social justice. (Kawachi, Subramanian, Almeida-Filho, 2002)


EQUALITY
EQUITY

“History … does not refer merely, or even principally, to the past. On the contrary, the great force of history comes from the fact that we carry it within us, are unconsciously controlled by it in many ways, and history is literally present in all that we do.” — James Baldwin

What is structural racism?

Structural racism refers to "**the totality of ways** in which societies foster [racial] discrimination, via mutually reinforcing [inequitable] **systems**…(eg, in housing, education, employment, earnings, benefits, credit, media, health care, criminal justice, etc.) that in turn **reinforce** discriminatory beliefs, values, and distribution of resources", **reflected in history, culture, and interconnected institutions**.

Krieger, N. (2014). Discrimination and health inequities. *International Journal of Health Services*, *44*(4), 643-710.

Structural causes of inequalities are difficult to see because:

- We are so embedded in them
- They are woven into the fabric of our assumptions about how things operate
- They are self-perpetuating and don’t require active work to be maintained
- “Racism without racists” (Bonilla-Silva, 2003)

Usage rates

1.3

Blacks used marijuana at 1.3 times the rate of whites.

Arrest rates

3.7

Blacks were arrested for marijuana possession at 3.7 times the rate of whites.

Edwards,E., Bunting,W., Garcia,L.(2013). The War on Marijuana in Black and White. New York,NY: American Civil Liberties Union. Available at: https://www.aclu.org/sites/default/files/field_document/1114413-mj-report-rfs-rel1.pdf (p.47).

Are Emily and Greg More Employable Than Lakisha and Jamal? A Field Experiment on Labor Market Discrimination

By MARIANNE BERTRAND AND SENDHIL MULLAINATHAN*

We study race in the labor market by sending fictitious resumes to help-wanted ads in Boston and Chicago newspapers. To manipulate perceived race, resumes are randomly assigned African-American- or White-sounding names. White names receive 50 percent more callbacks for interviews. Callbacks are also more responsive to resume quality for White names than for African-American ones. The racial gap is uniform across occupation, industry, and employer size. We also find little evidence that employers are inferring social class from the names. Differential treatment by race still appears to still be prominent in the U.S. labor market. (JEL J71, J64).

Bertrand, M., & Mullainathan, S. (2004). Are Emily and Greg more employable than Lakisha and Jamal? A field experiment on labor market discrimination. *American economic review*, *94*(4), 991-1013.

Immigrant moms have had more preterm babies since Trump was elected

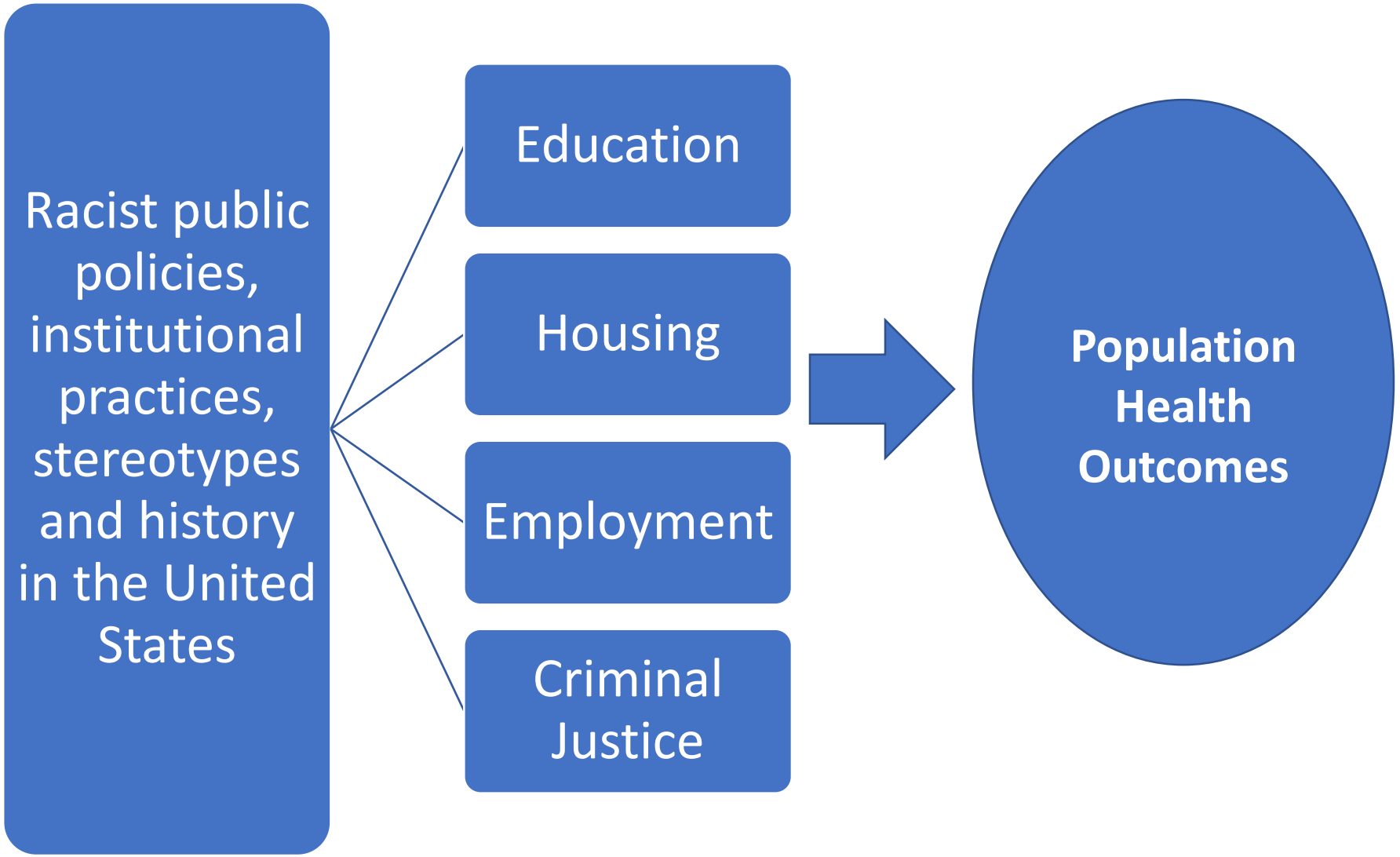
The study looked at all births in New York and found an especially pronounced effect among foreign-born Latina mothers.

NEW YORK

2016 presidential election linked to premature births for foreign born mothers in NYC: Study

Stress from the 2016 presidential election and a concurrent rise in hate crimes may have affected the health of vulnerable New York City mothers.

How structural racism creates health inequity




U.S.
MAIL

Zip code better predictor of health than genetic code

The "Delmar Divide," St. Louis, Mo.

August 4, 2014 — In St. Louis, Missouri, Delmar Boulevard marks a sharp dividing line between the poor, predominately African American neighborhood to the north and a more affluent, largely white neighborhood to the south. Education and health also follow the "Delmar Divide," with residents to the north less likely to have a bachelor's degree and more likely to have heart disease or cancer.

Why Your Zip Code May Be More Important to Your Health Than Your Genetic Code

Read More: Health, Health Care, Health Care Reform, Healthcare, Healthcare Reform, Politics News

Search HuffPost

0 0 5 2

share tweet email +1

Get Breaking News Alerts

SIGN UP

never spam

How you see a problem drives how you create the solution.

We are not a healthy country. And while health reform focuses on coverage, cost, access and care, this is simply triage to a system that fails to ask the question "Why aren't we healthier in the first place?" Our health reform debate is focusing on where health ends (with medical care) and not on where our health begins (where we live, learn, work and play).

Why Zip Codes Mean More for Health Than Genetic Codes

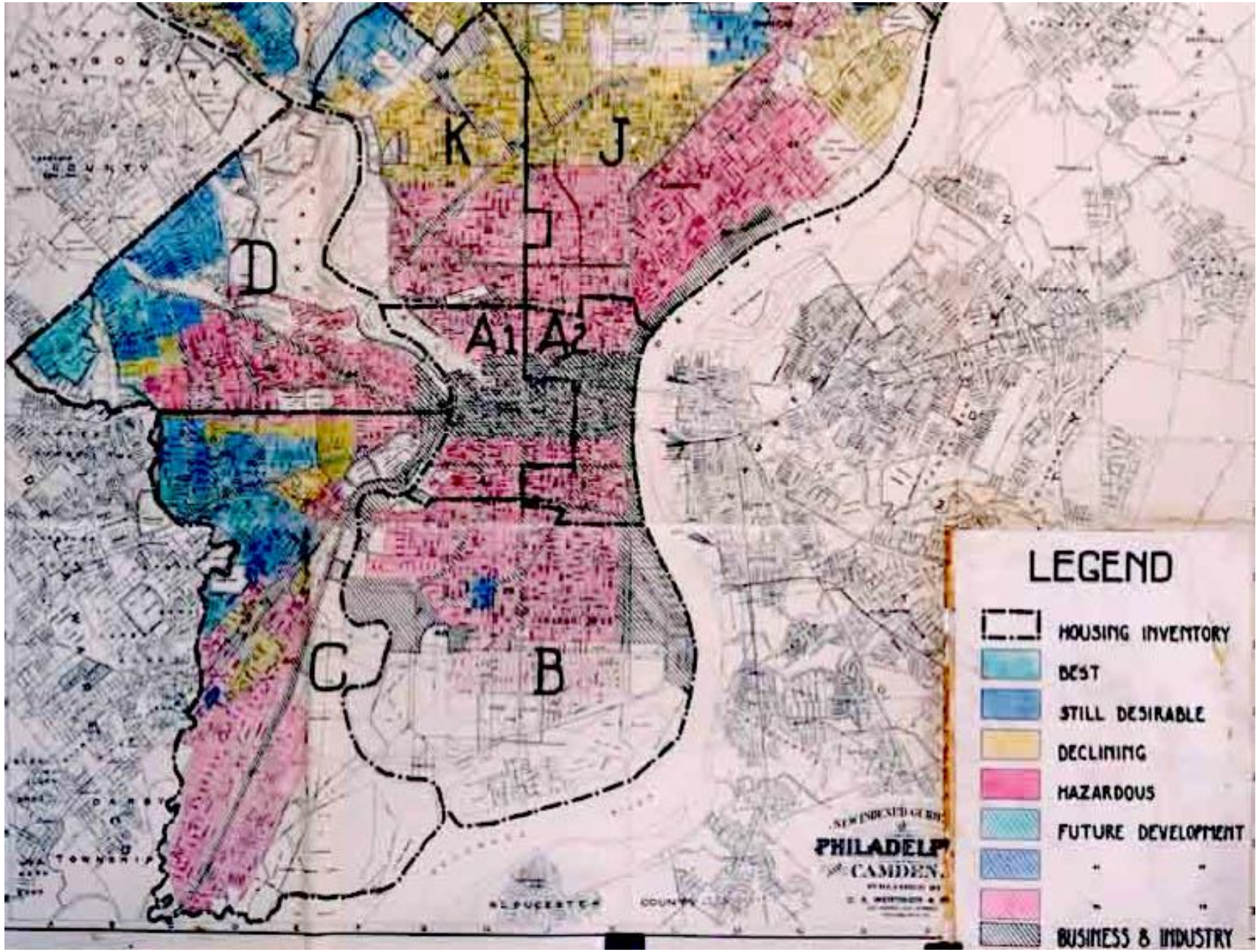
Research shows designing healthy communities may matter more than DNA.

Like 76

Posted Dec 08, 2016

Death by ZIP code: Investigating the root causes of health inequity

AUG 25, 2016


K
J
D
A1
A2
C
B
LEGEND
HOUSING INVENTORY
BEST
STILL DESIRABLE
DECLINING
HAZARDOUS
FUTURE DEVELOPMENT
BUSINESS & INDUSTRY

NEWS

Long Island Among America's Most Segregated Metro Areas

February 24, 2011 12:10 PM

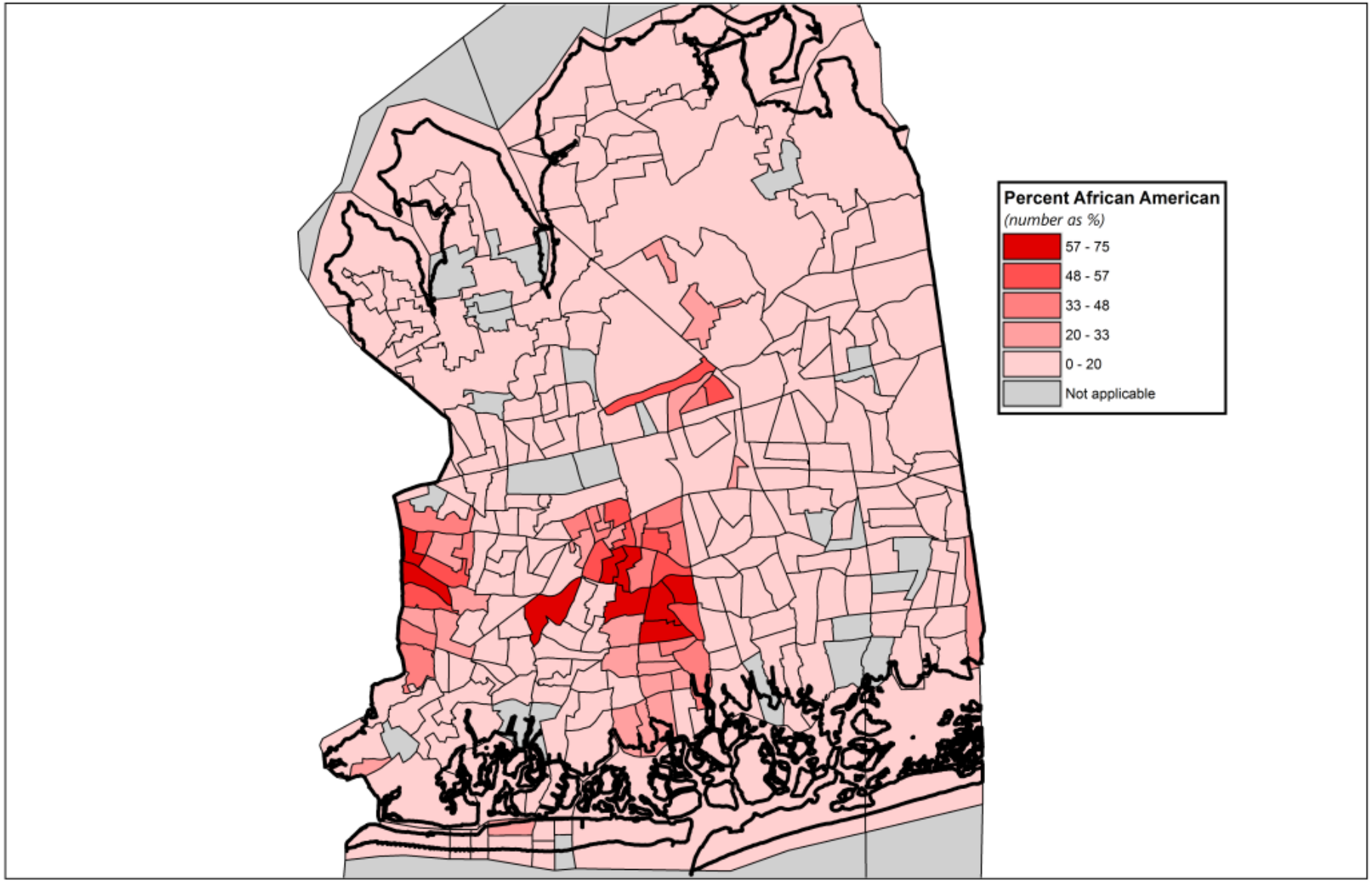
HAUPPAUGE, NY (WCBS 880) - Long Island continues to be one of the most segregated metropolitan areas in the United States, according to a new study.

Experts blame the problem on long-standing restrictive housing patterns.

A new study ranks the island the seventh most segregated among 50 major metro regions analyzed.

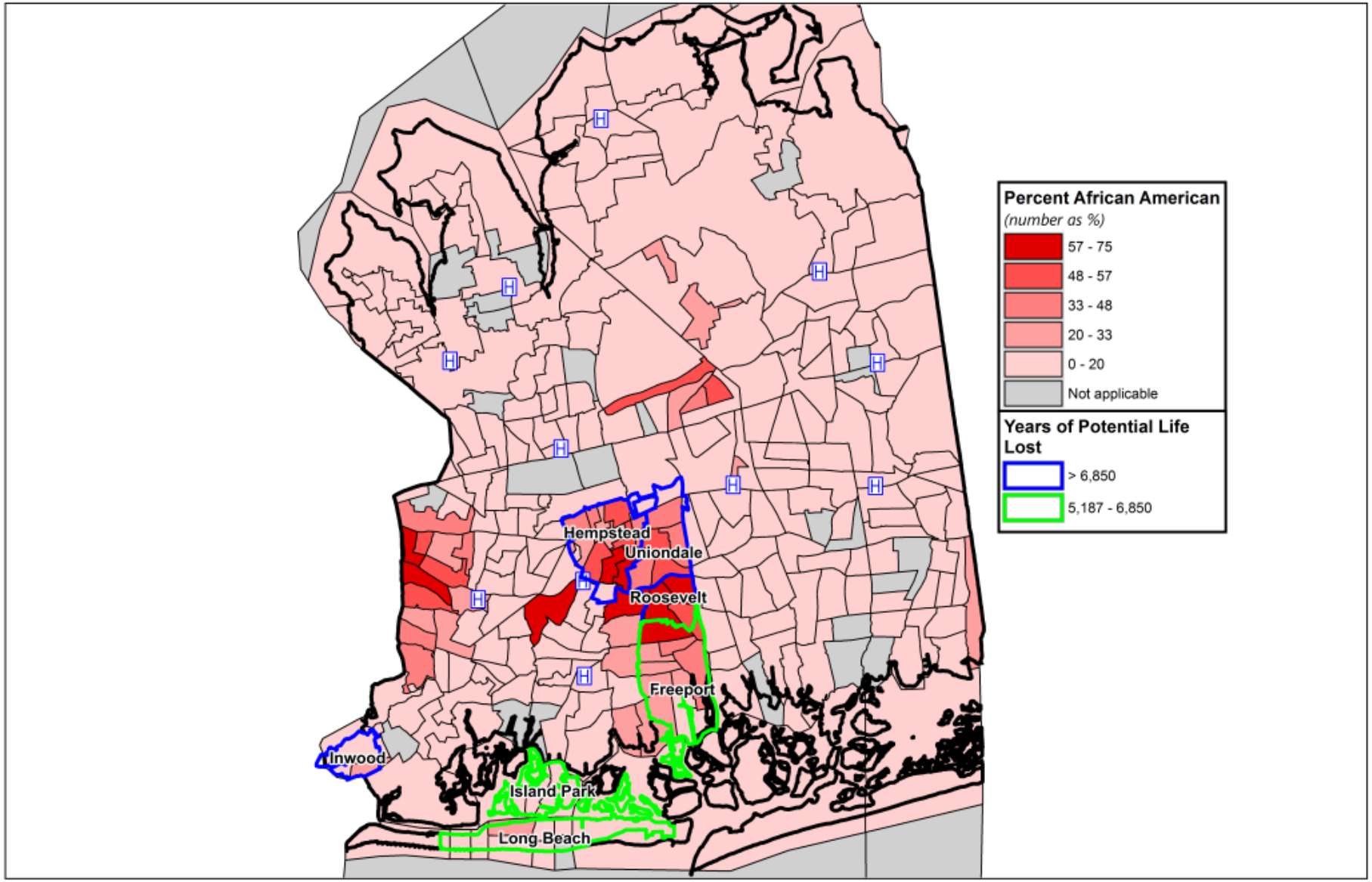
Researchers from Brown University and Florida State point out that it is really a black and white

Non-Hispanic African American Population by Census Tract



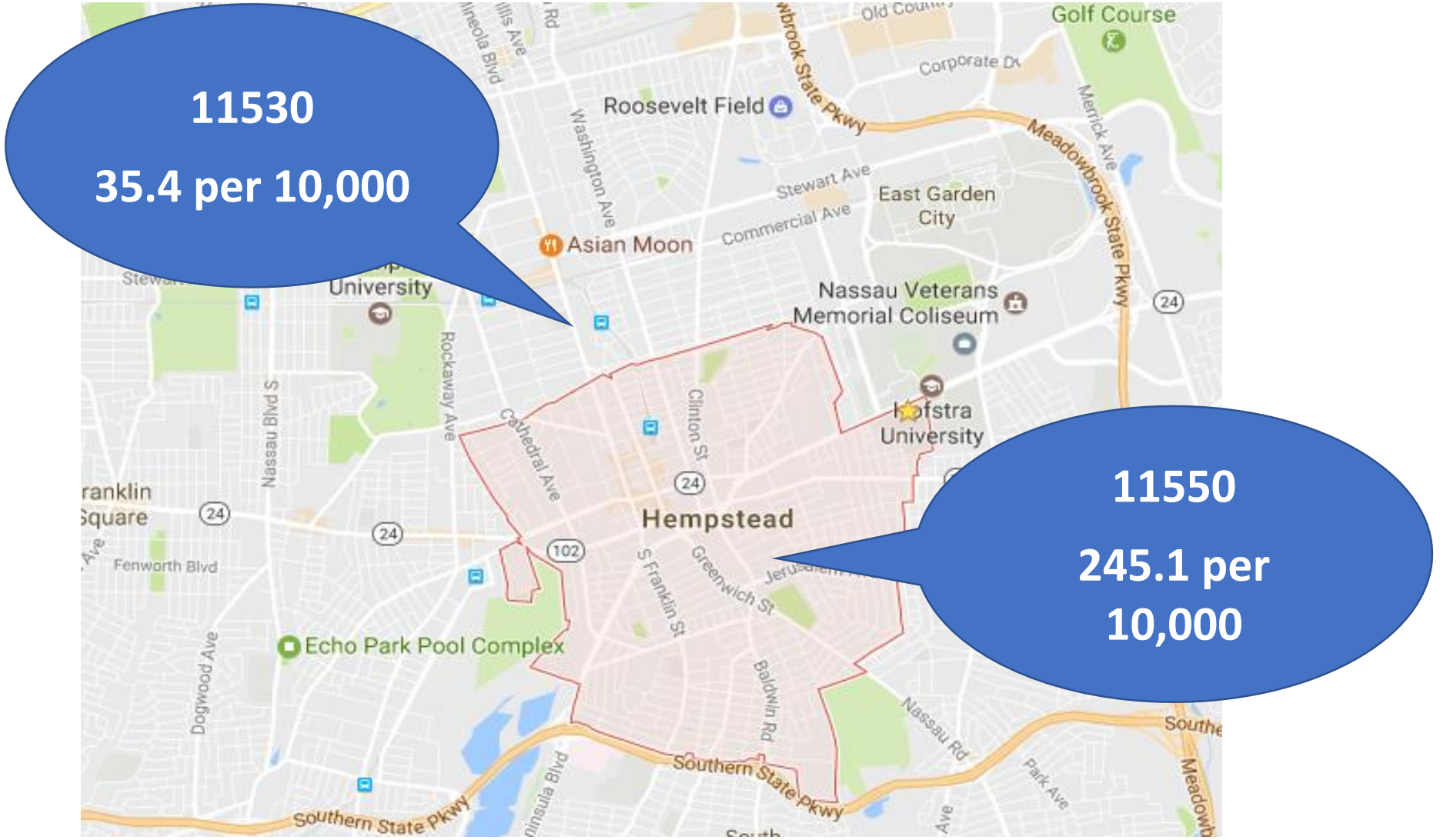
Data from 2010-2014 American Community Survey 5-Year Estimates

Non-Hispanic African American Population by Census Tract and Years of Potential Life Lost before age 75 (per 100,000)

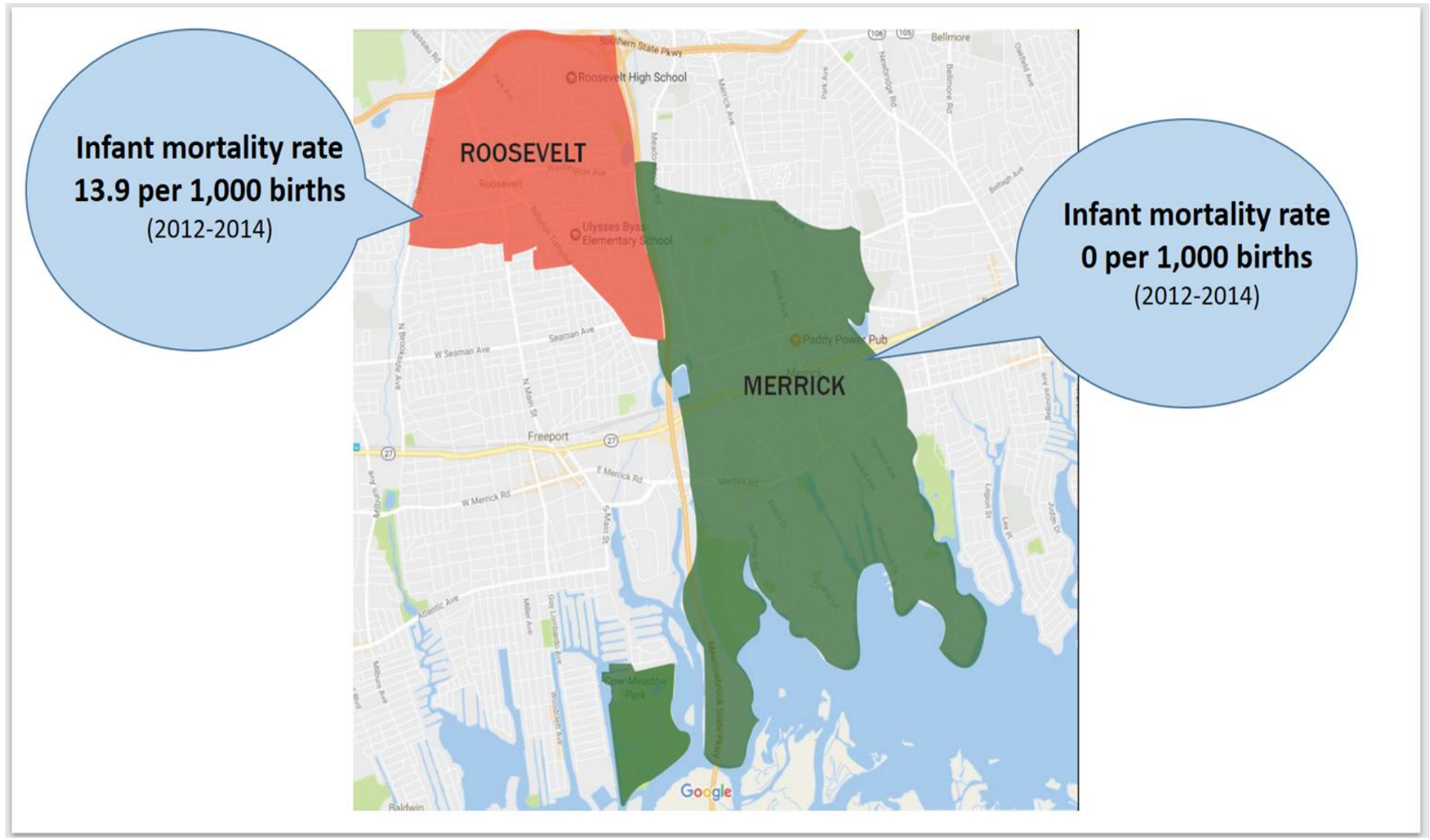


Data from 2010-2014 American Community Survey 5-Year Estimates and Sub-County Health Data Report

Childhood Asthma Emergency Department Visits



NYS Department of Health (2019). Asthma Emergency Department Visits in New York State by Region and County (2016)

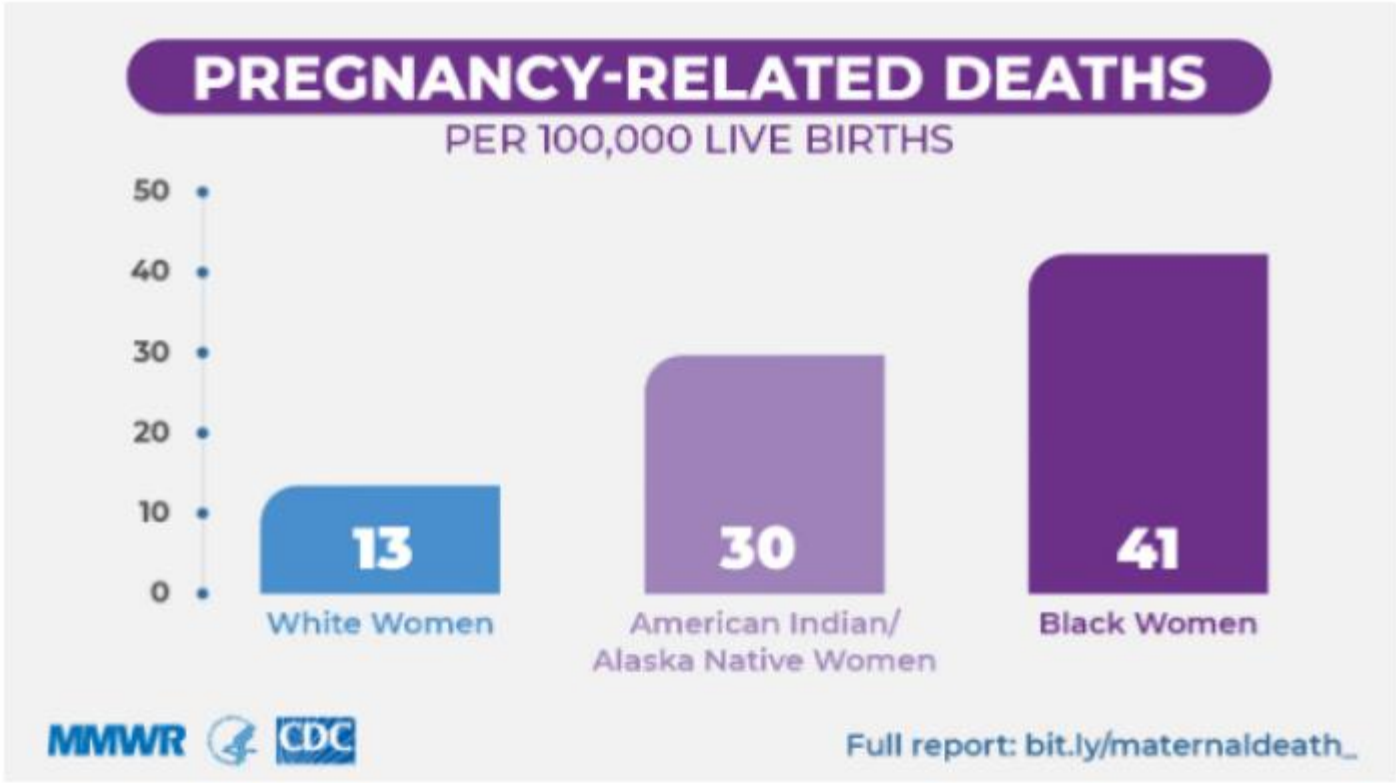


NYS Department of Health, (2019). New York State County/ZIP Code Perinatal Data Profile

Key findings: 2007-2016 national data on pregnancy-related mortality

- For women over the age of 30, PRMR for black and AI/AN women was four to five times higher than it was for white women.
- The PRMR for black women with at least a college degree was 5.2 times that of their white counterparts.
- Cardiomyopathy, thrombotic pulmonary embolism, and hypertensive disorders of pregnancy contributed more to pregnancy-related deaths among black women than among white women.

Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. MMWR Morb Mortal Wkly Rep 2019;68:762–765. DOI: http://dx.doi.org/10.15585/mmwr.mm6835a3external icon.



Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. MMWR Morb Mortal Wkly Rep 2019;68:762–765. DOI: http://dx.doi.org/10.15585/mmwr.mm6835a3external icon.

Risk factors cannot fully explain African Americans' higher maternal and infant mortality rates

- Most research on health disparities in maternal and infant mortality focus on African American women's greater exposure to risk factors around the time of pregnancy, including poverty and low socioeconomic status; limited access to prenatal care; and poor physical and mental health
- Does not fully account for the racial gap in outcomes; rather, these disparities stem from racial and gender discrimination over the life span
  - African American women who initiated prenatal care in the first trimester still had higher rates of infant mortality than non-Hispanic white women with late or no prenatal care
  - A recent study from the New York City Department of Health and Mental Hygiene showed that African American women of normal weight were still at higher risk of dying in the perinatal period than non-African American obese women

To Be Seen video

Life Course Perspective

- Social and economic forces can profoundly affect African American women's development across the life span
- Chronic exposures to stress leads to higher allostatic load and burden on body systems
- During pregnancy, chronically elevated levels of the stress hormone cortisol lead to immune suppression, increasing women's risk of perinatal infections

- Even if African American and non-Hispanic white women report similar levels of stress during their pregnancies, African American women's increased exposure to stress throughout their lifetimes increases their allostatic load, which increases their risk of maternal and infant mortality

Source: Lu, M. C., & Halfon, N. (2003). Racial and ethnic disparities in birth outcomes: a life-course perspective. *Maternal and child health journal*, *7*(1), 13-30.

Housing Stability and Perinatal Outcomes

Original Research

Associations between unstable housing, obstetric outcomes, and perinatal health care utilization

Matthew S. Pantell, MD, MS; Rebecca J. Baer, MPH; Jacqueline M. Torres, PhD; Jennifer N. Felder, PhD; Anu Manchikanti Gomez, PhD; Brittany D. Chambers, PhD; Jessilyn Dunn, PhD; Nisha I. Parikh, MD; Tania Pacheco-Werner, PhD; Elizabeth E. Rogers, MD; Sky K. Feuer, PhD; Kelli K. Ryckman, PhD; Nicole L. Novak, PhD, MSc; Karen M. Tabb, PhD, MSW; Jonathan Fuchs, MD, MPH; Larry Rand, MD; Laura L. Jelliffe-Pawlowski, PhD

BACKGROUND: While there is a growing interest in addressing social determinants of health in clinical settings, there are limited data on the relationship between unstable housing and both obstetric outcomes and health care utilization.

OBJECTIVE: The objective of the study was to investigate the relationship between unstable housing, obstetric outcomes, and health care utilization after birth.

STUDY DESIGN: This was a retrospective cohort study. Data were drawn from a database of liveborn neonates linked to their mothers' hospital discharge records (2007–2012) maintained by the California Office of Statewide Health Planning and Development. The analytic sample included singleton pregnancies with both maternal and infant data available, restricted to births between the gestational age of 20 and 44 weeks, who presented at a hospital that documented at least 1 woman as having unstable housing using the *International Classification of Diseases*, ninth edition, codes (n = 2,898,035). Infants with chromosomal abnormalities and major birth defects were excluded. Women with unstable housing (lack of housing or inadequate housing) were identified using *International Classification of Diseases*, ninth edition, codes from clinical records. Outcomes of interest included preterm birth (<37 weeks' gestational age), early term birth (37–38 weeks gestational age), preterm labor, preeclampsia, chorioamnionitis, small for gestational age, long birth hospitalization length of stay after delivery (vaginal birth, >2 days; cesarean delivery, >4 days), emergency department visit within 3 months and 1 year after delivery, and readmission within 3 months and 1 year after delivery. We used exact propensity score matching without replacement to select a reference population to compare with the sample of women with unstable housing using a one-to-one ratio, matching for maternal age, race/ethnicity, parity, prior preterm birth, body mass index, tobacco use during pregnancy, drug/alcohol abuse during pregnancy, hypertension, diabetes, mental health condition during pregnancy, adequacy of prenatal care, education, and type of hospital. Odds of an adverse obstetric outcome were estimated using logistic regression.

RESULTS: Of 2794 women with unstable housing identified, 83.0% (n = 2318) had an exact propensity score–matched control. Women with an unstable housing code had higher odds of preterm birth (odds ratio, 1.2, 95% confidence interval, 1.0–1.4, $P < .05$), preterm labor (odds ratio, 1.4, 95% confidence interval, 1.2–1.6, $P < .001$), long length of stay (odds ratio, 1.6, 95% confidence interval, 1.4–1.8, $P < .001$), emergency department visits within 3 months (odds ratio, 2.4, 95% confidence interval, 2.1–2.8, $P < .001$) and 1 year after birth (odds ratio, 2.7, 95% confidence interval, 2.4–3.0, $P < .001$), and readmission within 3 months (odds ratio, 2.7, 95% confidence interval, 2.2–3.4, $P < .0014$) and 1 year after birth (odds ratio, 2.6, 95% confidence interval, 2.2–3.0, $P < .001$).

CONCLUSION: Unstable housing documentation is associated with adverse obstetric outcomes and high health care utilization. Housing and supplemental income for pregnant women should be explored as a potential intervention to prevent preterm birth and prevent increased health care utilization.

Key words: homelessness, preterm birth, social determinants of health, socioeconomic status, unstable housing

Despite many advances in obstetric care, preterm birth (PTB) remains a common occurrence in pregnancy[1] and is a source of significant neonatal morbidity and mortality.[2,3] Although the etiology of PTB is still largely unexplained, a number of social risk factors, including low socioeconomic status,[4] stress,[4–6] racial discrimination,[7,8] and housing instability[4,9] are associated with PTB and related obstetric outcomes.[8,10] Nevertheless, prior studies have focused on only a limited set of socioeconomic predictors of PTB, including maternal education and insurance status.

Housing instability, which does not have a standard definition, can encompass a variety of circumstances, including trouble paying rent, staying with relatives, having low-quality housing, and having no place to live.[11–13] Although definitions vary, what is clear is that housing instability continues to affect a large number of Americans.

More than half a million people are experiencing homelessness at any given time according to a recent report by the US Department of Housing and Urban Development, and the prevalence of homelessness increased from 2016 to 2017.[14] Researchers have shown that 4% of women in the United States report homelessness within 12 months before pregnancy.[15]

Despite the high prevalence of homelessness in pregnancy, only a limited number of studies have investigated the relationship between homelessness and birth outcomes. Most of them show significant or near-significant associations between homelessness and preterm birth among certain populations.[9,16,17]

There is a growing interest in and, in some places, a mandate to address social

Cite this article as: Pantell MS, Baer RJ, Torres J, et al. Associations between unstable housing, obstetric outcomes, and perinatal health care utilization. Am J Obstet Gynecol MFM 2019;1:100053.

2589-9333/$36.00

https://doi.org/10.1016/j.ajogmf.2019.100053

- Unstable housing documentation is associated with adverse obstetric outcomes and high health care utilization
- Housing and supplemental income for pregnant women should be explored as a potential intervention to prevent preterm birth and prevent increased health care utilization

Maternal Mortality
Infant Mortality

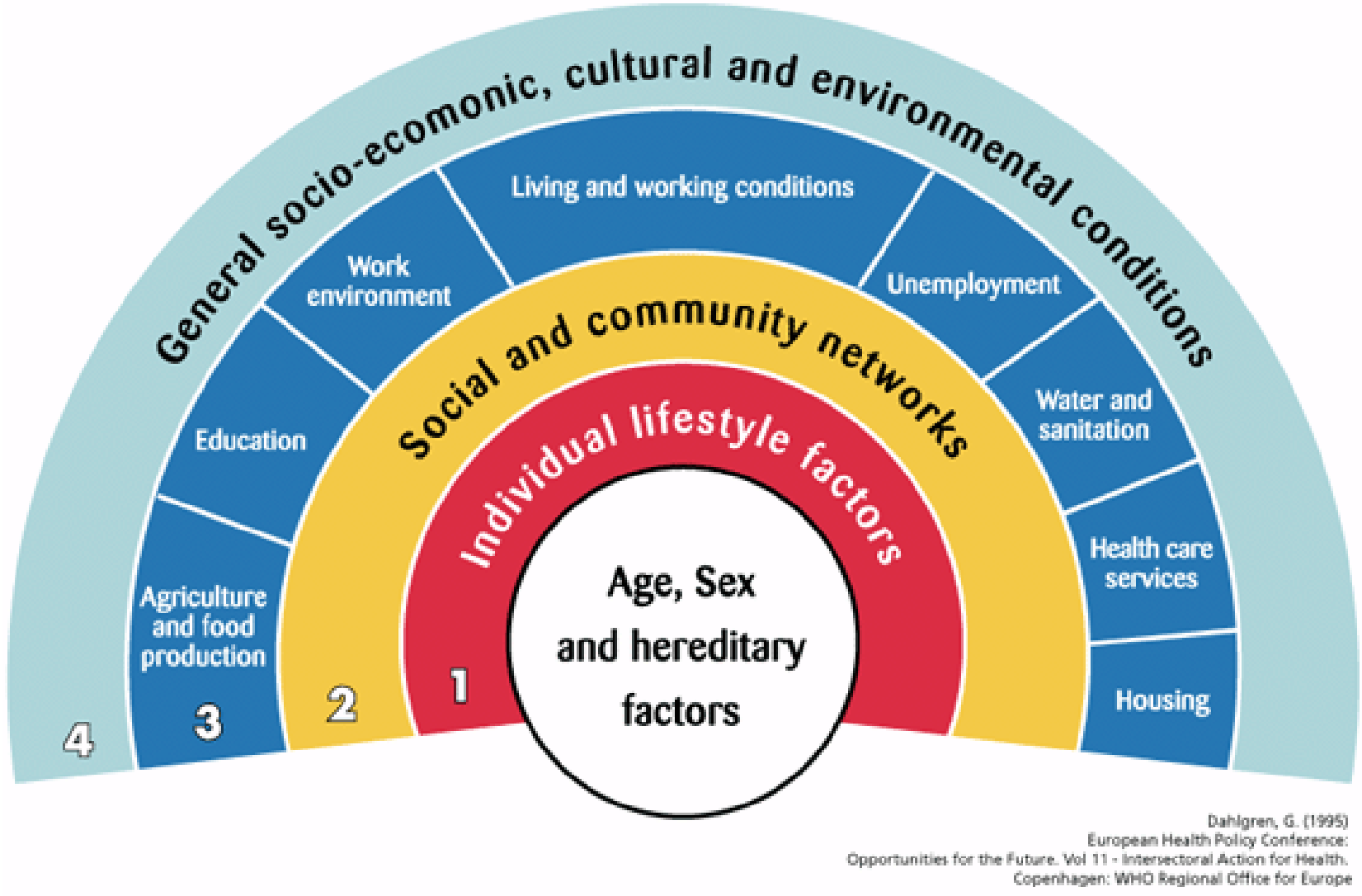
Maternal Morbidity
Preterm Birth, Low Birth Weight

Pre-existing Conditions (CVD, Asthma, hypertension, obesity)
Clinical treatment

Toxic Stress, Vigilance
Weathering, Medical System structure

Structural and Interpersonal
Racism, Unconscious Bias,
Economic Stability

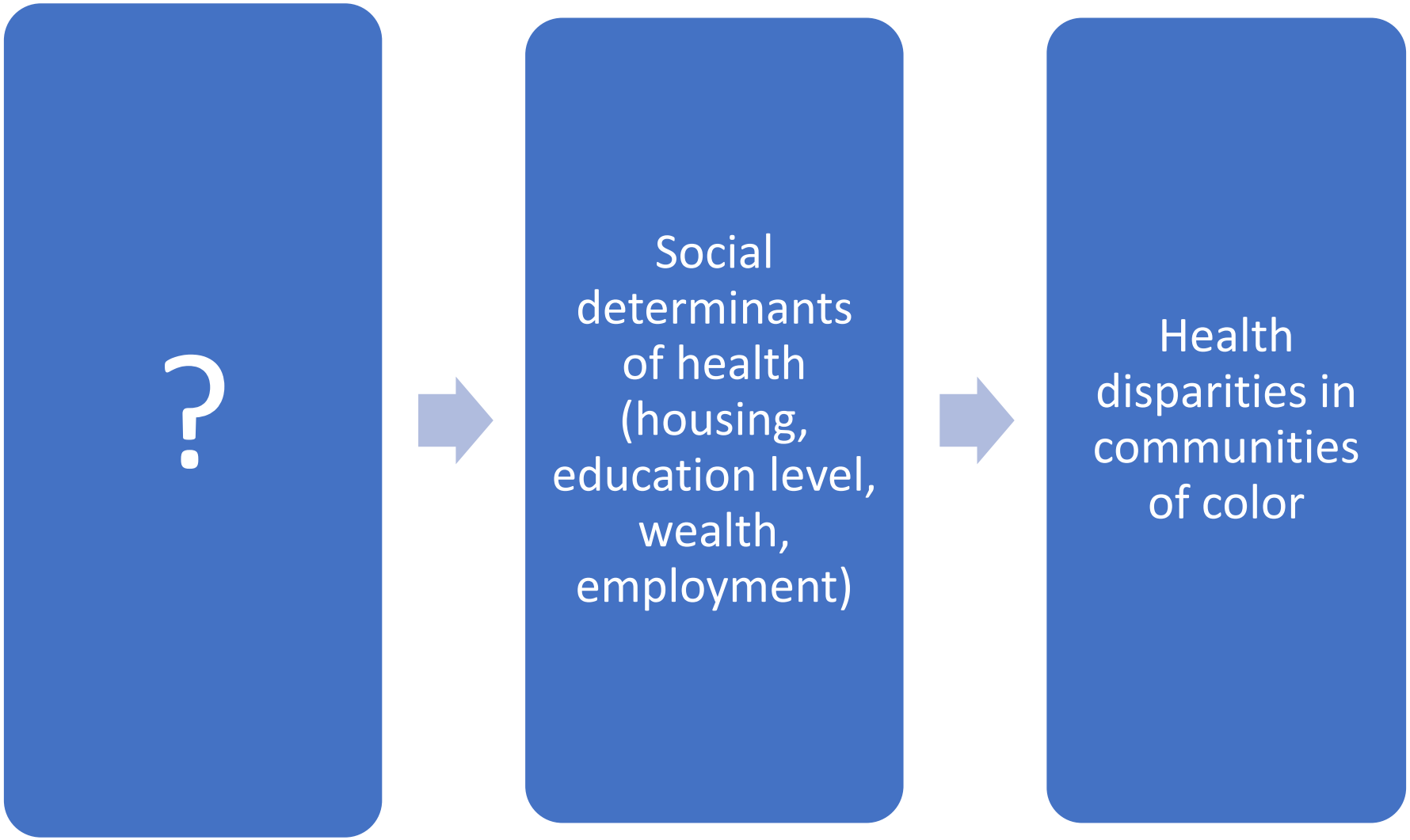
Social determinants of health



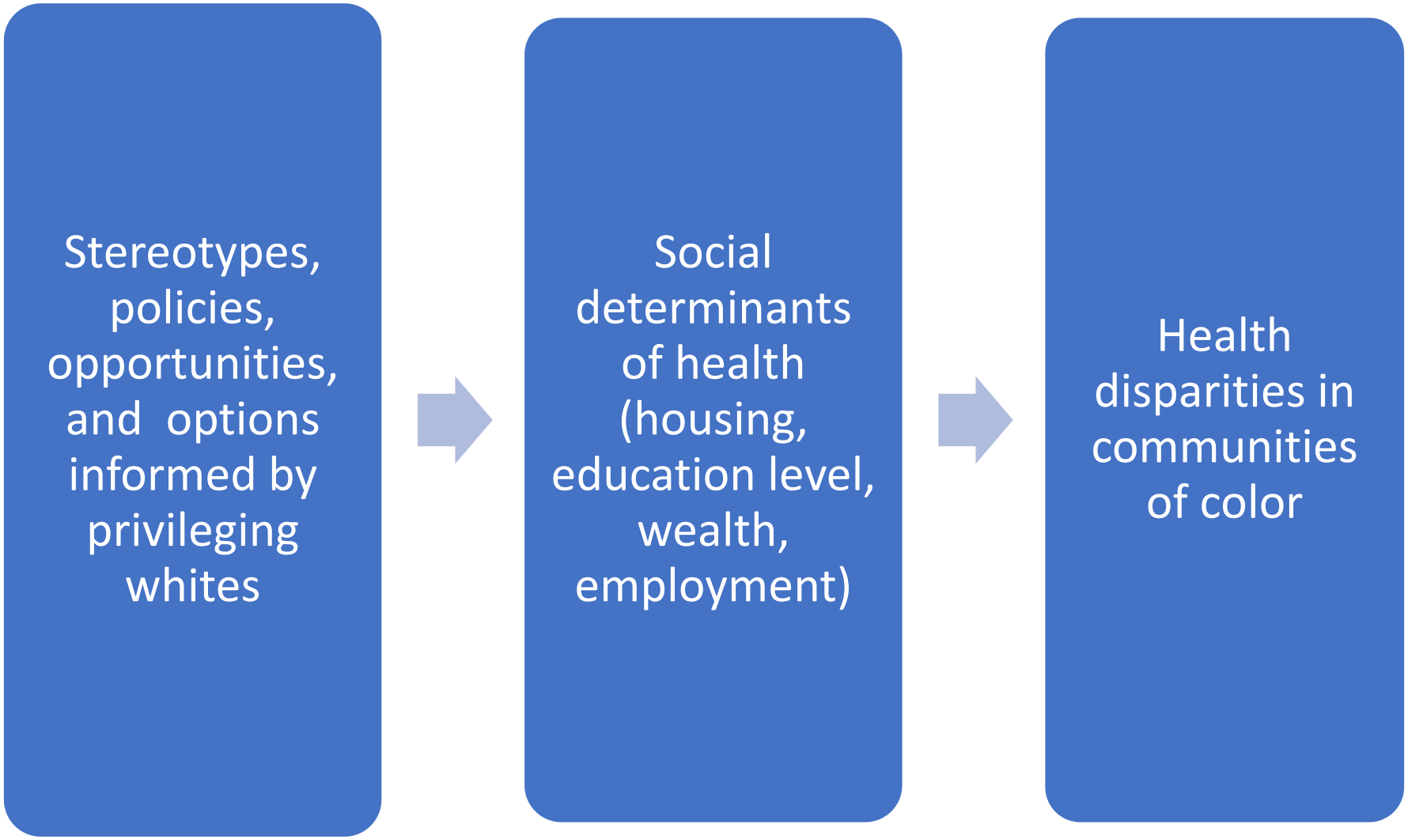
Dahlgren, G. (1995)
European Health Policy Conference:
Opportunities for the Future. Vol 11 - Intersectoral Action for Health.
Copenhagen: WHO Regional Office for Europe

Structural racism sets the table over and over again to serve up poor population health outcomes.

What are the causes of the causes?



What are the causes of the causes?



Health Equity: Seven Foundational Practices

I. Expand the understanding of health in words and action

II. Assess and influence the policy context

III. Lead with an equity focus

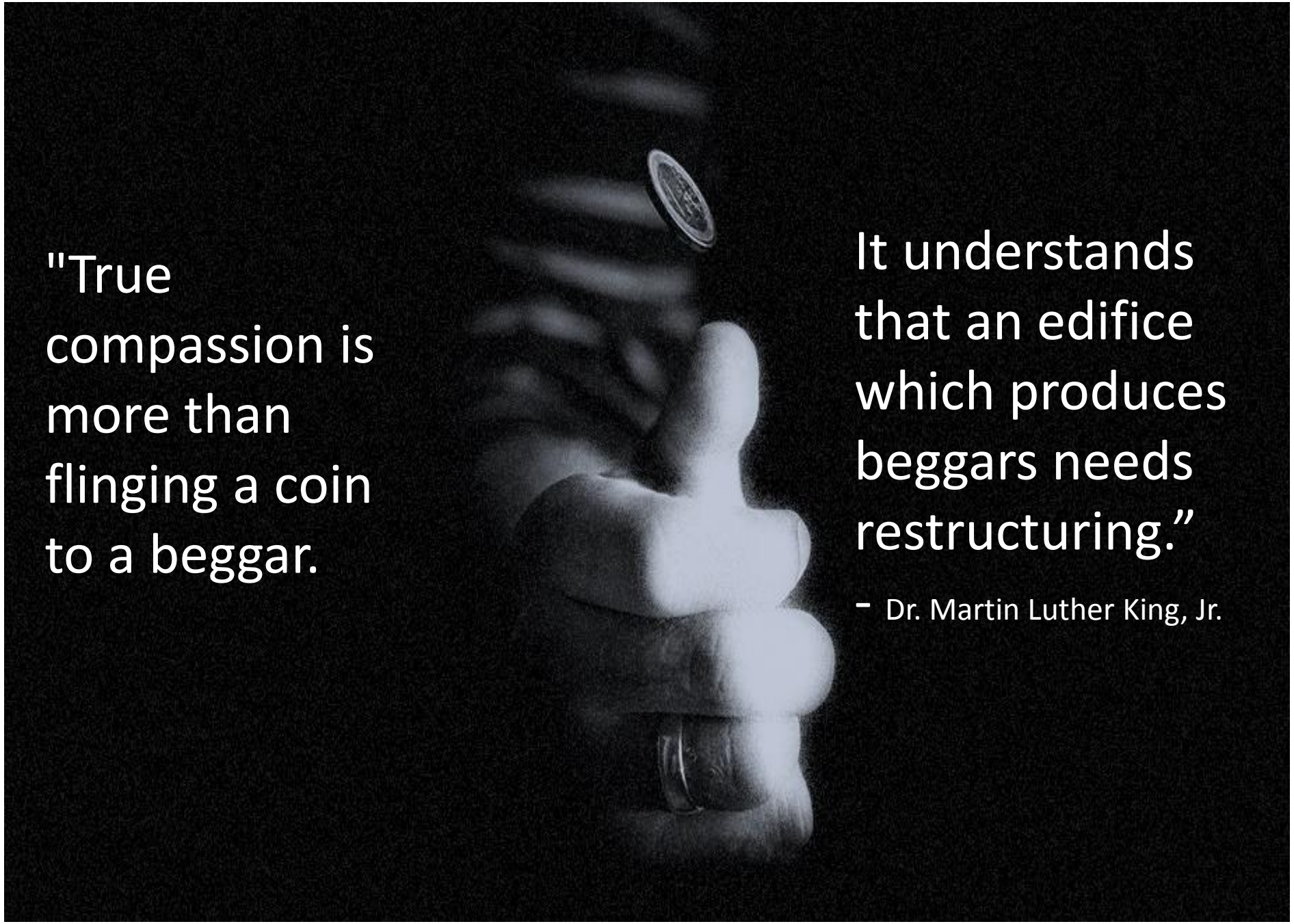
IV. Use data to advance health equity

V. Advance health equity through continuous learning

VI. Support successful partnerships and strengthen community capacity

VII. Assure strategic and targeted use of resources

Source: Foundational Practices for Health Equity: A Learning and Action Tool for State Health Departments


"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.

Martine Hackett

Hofstra University

Associate Professor

Master of Public Health program

Martine.hackett@hofstra.edu

@publichealthy

@bjustwarriors

Birthjusticewarriors.com