

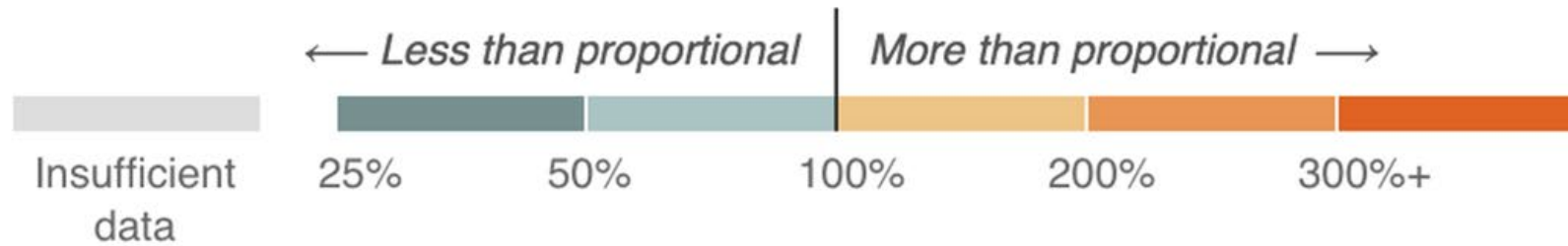
The background of the slide is a photograph of the University of Toronto's main entrance at dusk. The image is dimly lit, showing the stone pillars of the entrance and the building to the left. The text is overlaid in white, making it stand out against the dark background.

Addressing Racial Health Disparities: What Matters Most?

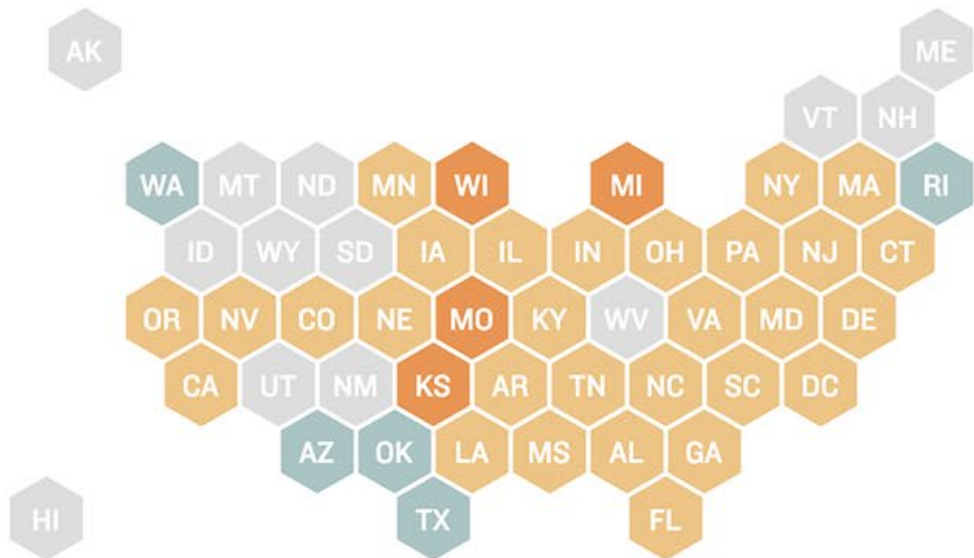
Presented to
Wisconsin Family Impact Seminar

By
Arjumand Siddiqi, Sc.D.
Canada Research Chair in Population Health Equity
Division Head and Professor of Epidemiology,
Dalla Lana School of Public Health, University of Toronto

Coronavirus Deaths and Cases Disproportionately Affect African Americans In Most States



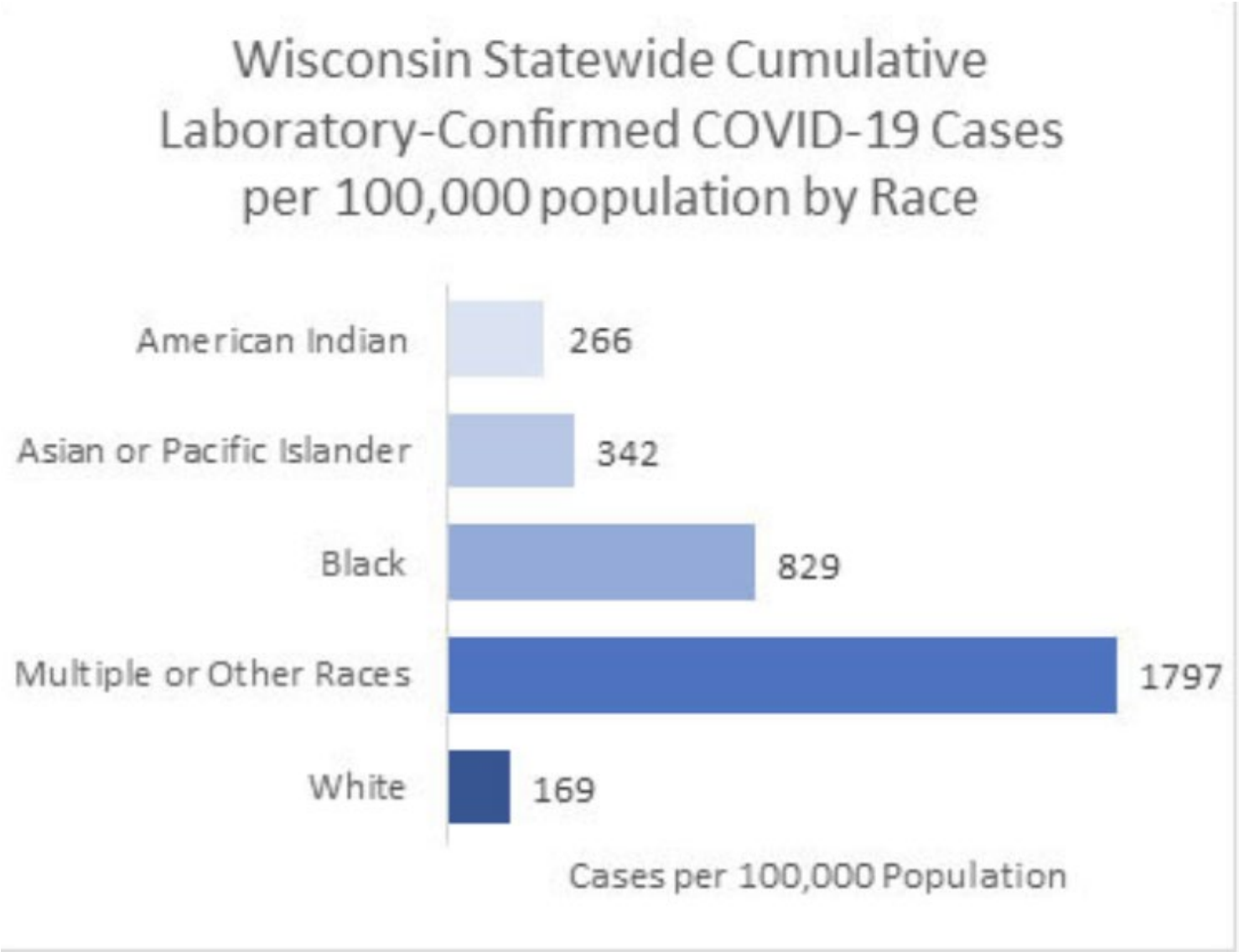
DEATHS



CASES



In Wisconsin, There is up to a Ten-Fold Racial Disparity in COVID-19 Cases



**Racial disparities in COVID-19 were entirely predictable
by available public health research**

Three Key Lessons From the Research on Racial Health Disparities

Lesson 1: Racial health disparities are pervasive and persistent

Lesson 2: Racial health disparities are not due to genetic differences between racial group because there is no genetic basis for race

Lesson 3: Racial health disparities are due to the role of racism in creating differences in the socioeconomic resources and everyday living conditions, which are the fundamental determinants of health

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Wisconsin Earned C or D Grades for Racial Health Disparities in All Age Groups

| <i>Life stage</i> | <i>Health grade</i> | <i>Health disparity grade</i> |
|---------------------------------------|---------------------|-------------------------------|
| Infants (less than 1 year of age) | C | D |
| Children and young adults (ages 1-24) | B | D |
| Working-age adults (ages 25-64) | B | C |
| Older adults (ages 65+) | B- | D |
| All ages | B- | D |

Racial Health Disparities Occur in Outcomes from Nutrition to Homicide

nutrition, prenatal care, hospital care

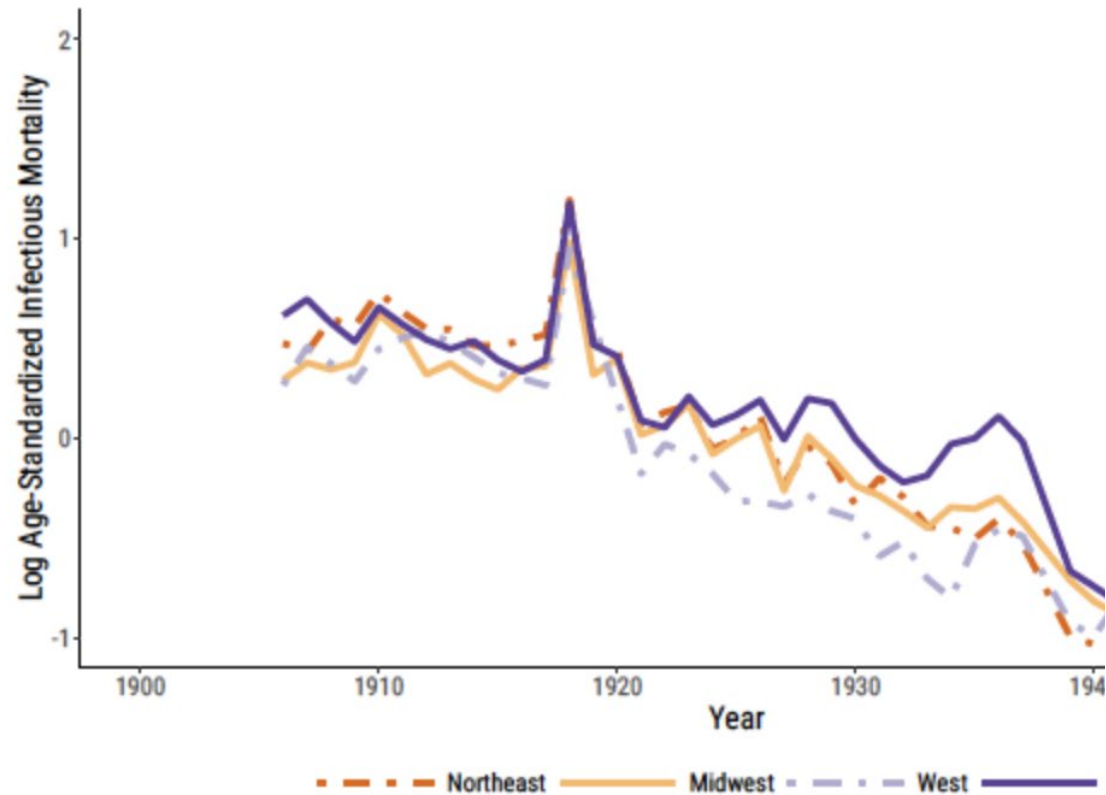
unintentional injuries, homicides

cancer, cardio/cerebrovascular disease

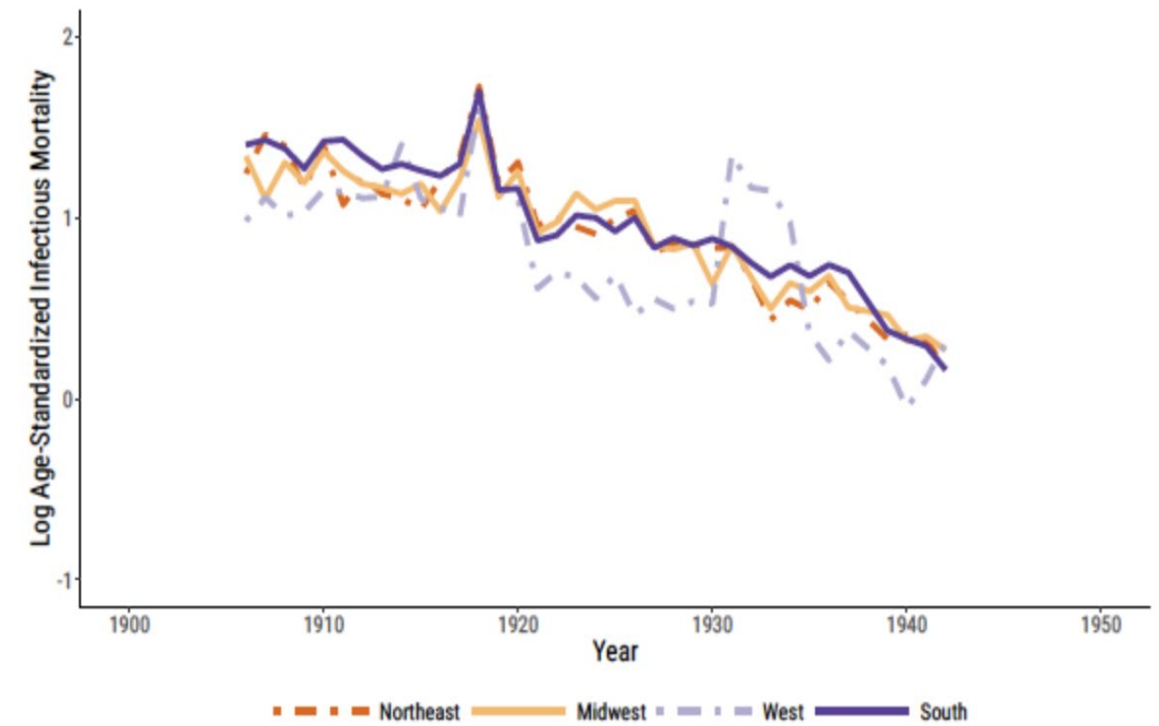
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Non-whites have Always Had Higher Death Rates from Infectious Diseases

b) Whites, cities with racial-group-specific data



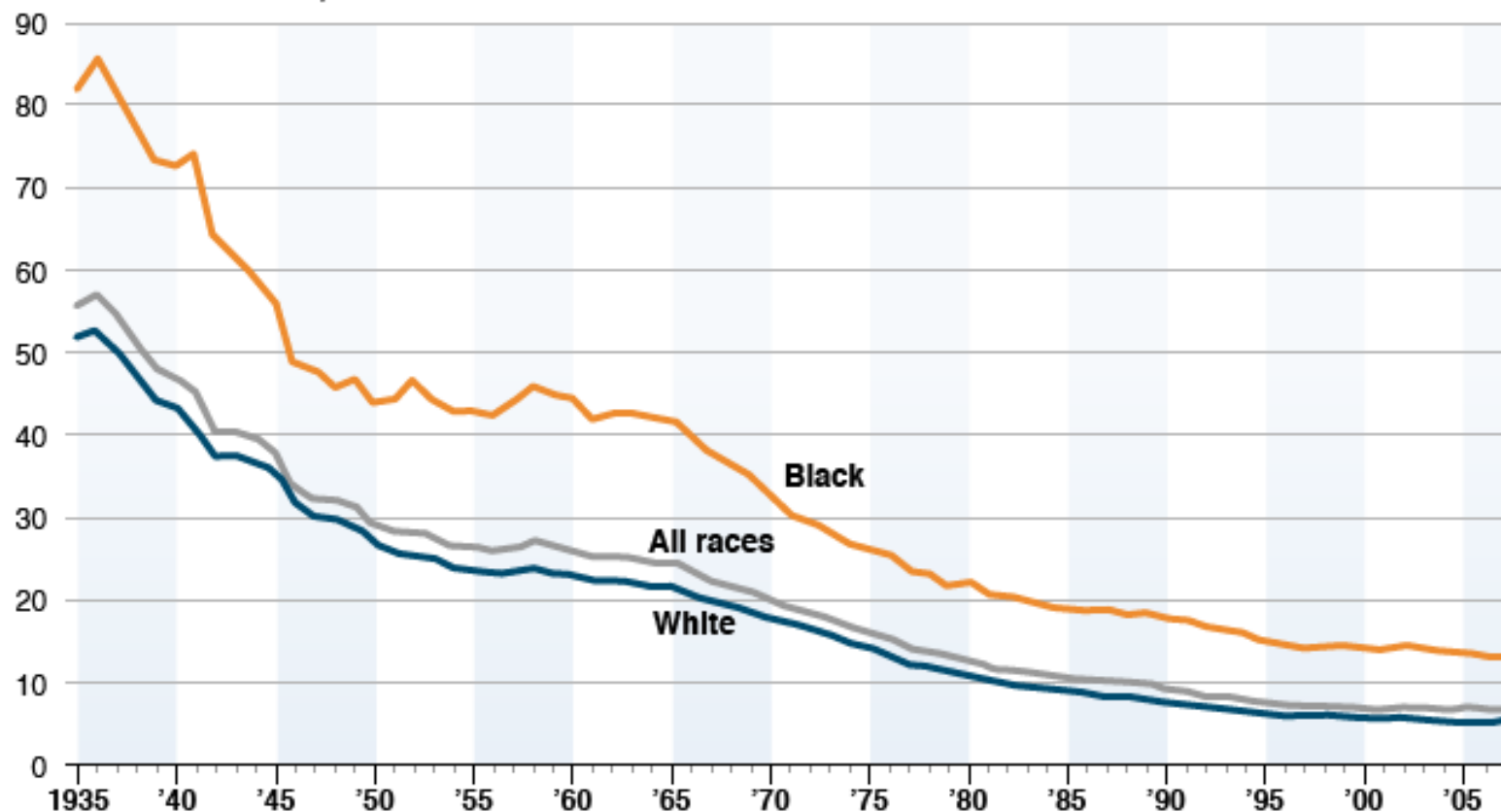
c) Nonwhites, cities with racial-group-specific data



The Black-White Infant Mortality Disparity Persists, Even as Rates Have Declined

Infant Mortality Rate by Race

INFANT DEATHS PER 1,000 LIVE BIRTHS



Source: Infant Mortality in the United States, 1935-2007: Over Seven Decades of Progress and Disparities

COVID-19 is another manifestation of persistent and pervasive racial health disparities

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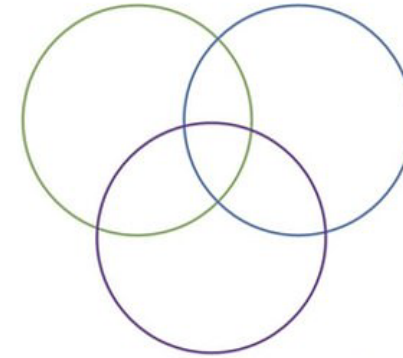


These individuals share more than 99% of their genetic code, and if you were to be given their genetic codes, you could not discern their races.



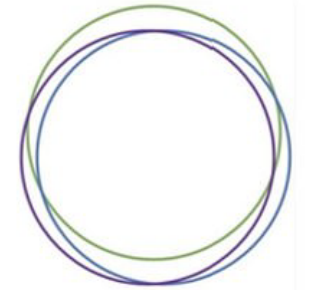
MISCONCEPTION:

Human ancestral groups do not share many alleles.



CORRECT MODEL:

Each region contains a majority of the alleles found worldwide.



○ Each circle represents the total number of alleles (gene variants) in the human genome found within a particular group.

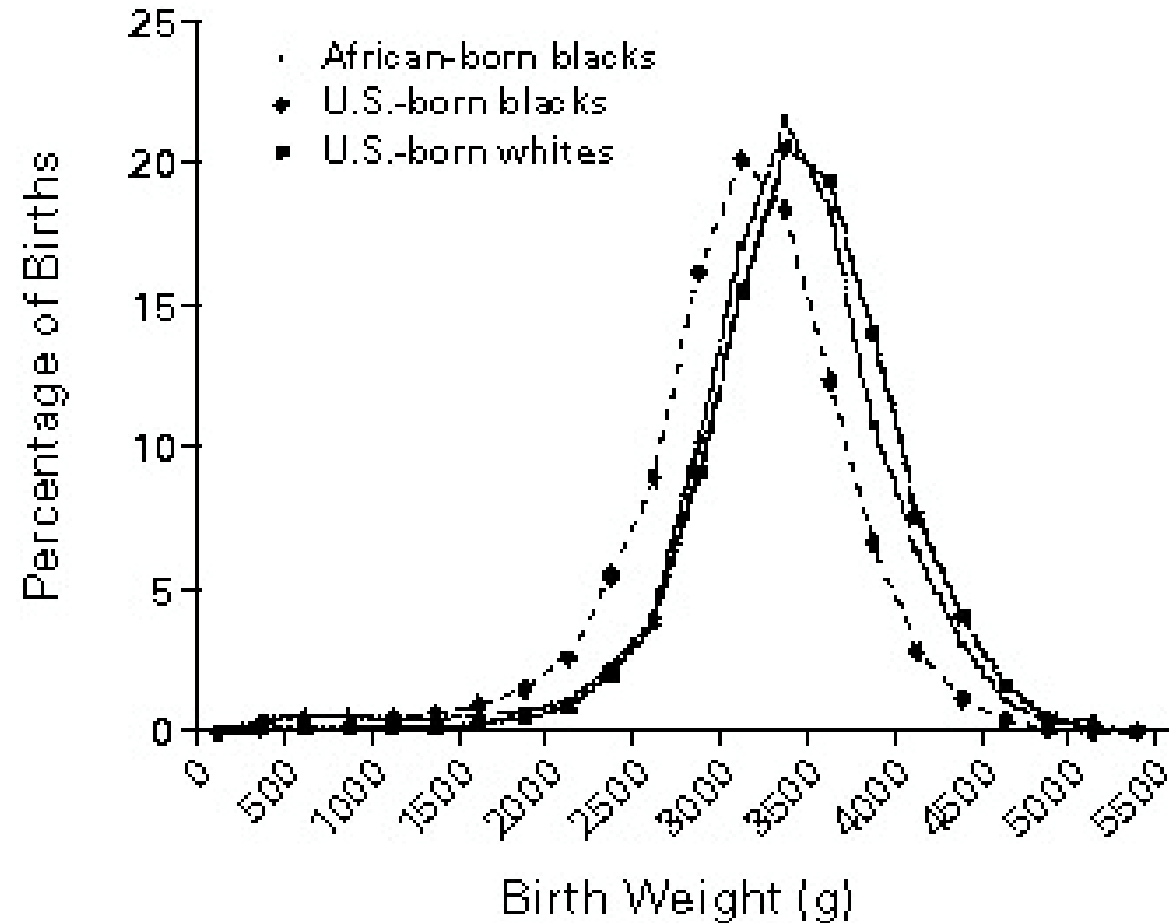
■ African Ancestry

■ East-Asian Ancestry

■ European Ancestry

© Brian Donovan / BSCS Science Learning

Babies of African-Born Mothers are More Similar to the Babies of U.S. Born White Mothers, than they are to the Babies of U.S. Born Black Mothers



The Same Indian Tribe has 5.5 Times the Level of Diabetes in the U.S. compared to Mexico



Type 2 diabetes in Mexican Pima Indians:
6.9%

Type 2 diabetes in US Pima Indians:
38%



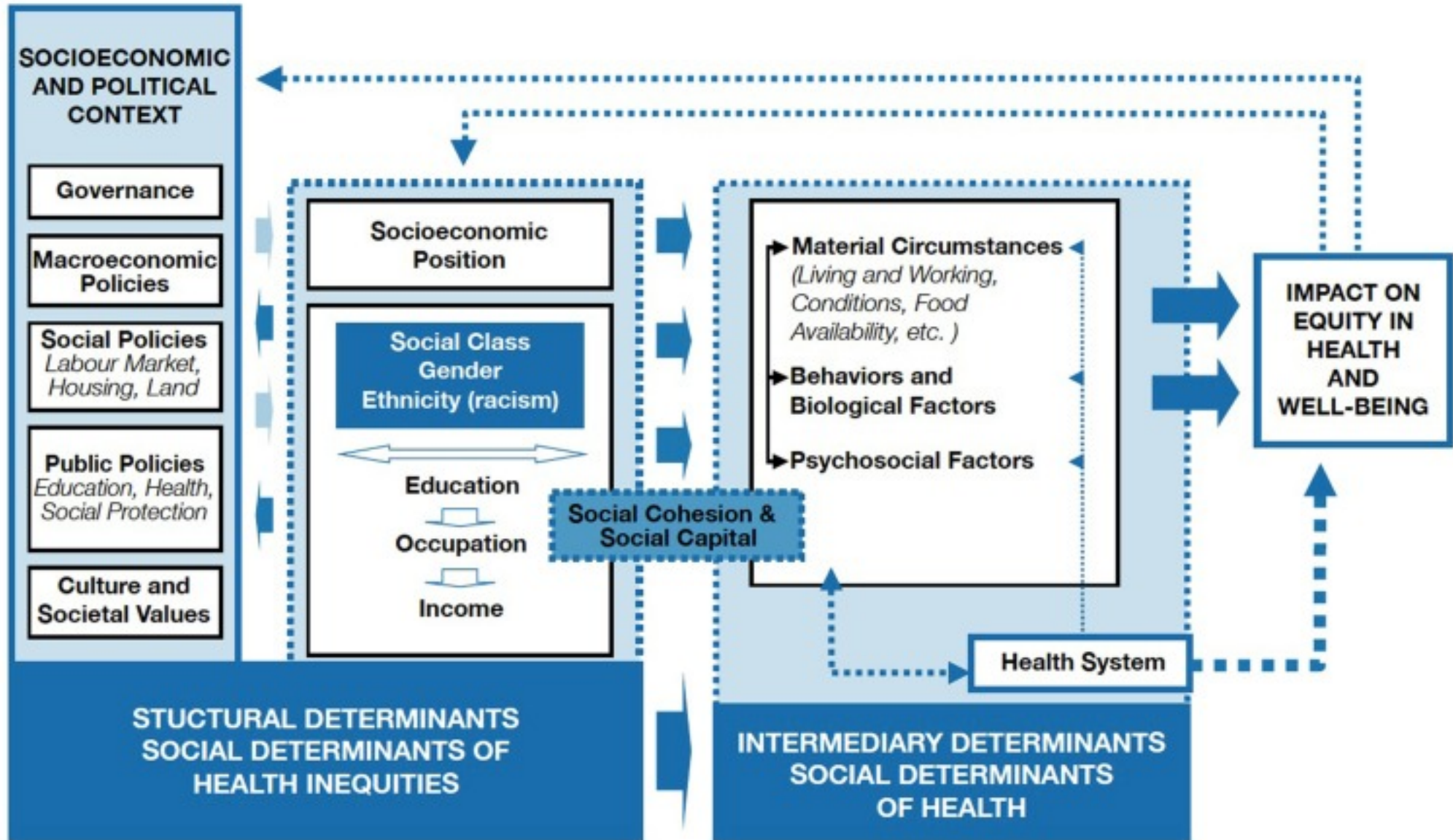
Race is socially constructed, based on appearance and (perceived) ancestry, neither of which map on to genetic differences of the groups that are constructed. It was originally constructed in the U.S. as a means to differentiate the owner class (Whites) from the owned class (Blacks). This power differential has persisted, even as slavery and Jim Crow ended, and society (policy, institutions) still treats racial groups differently.

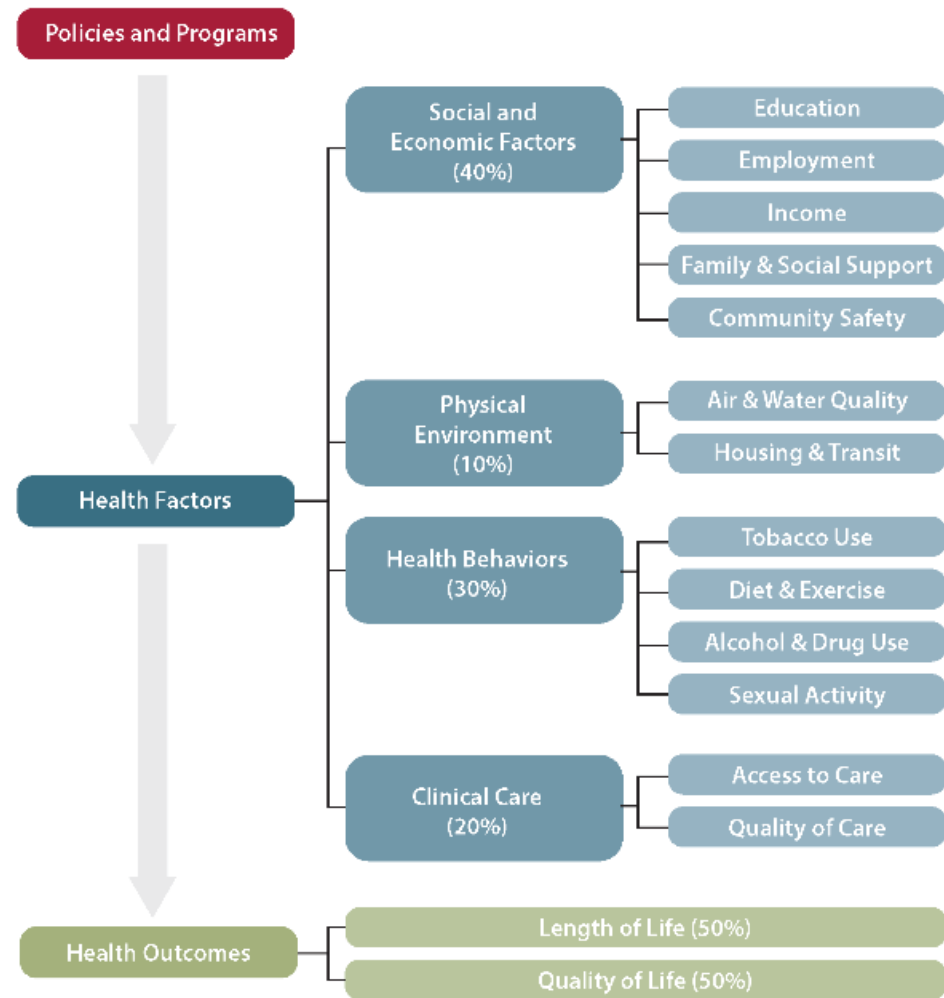
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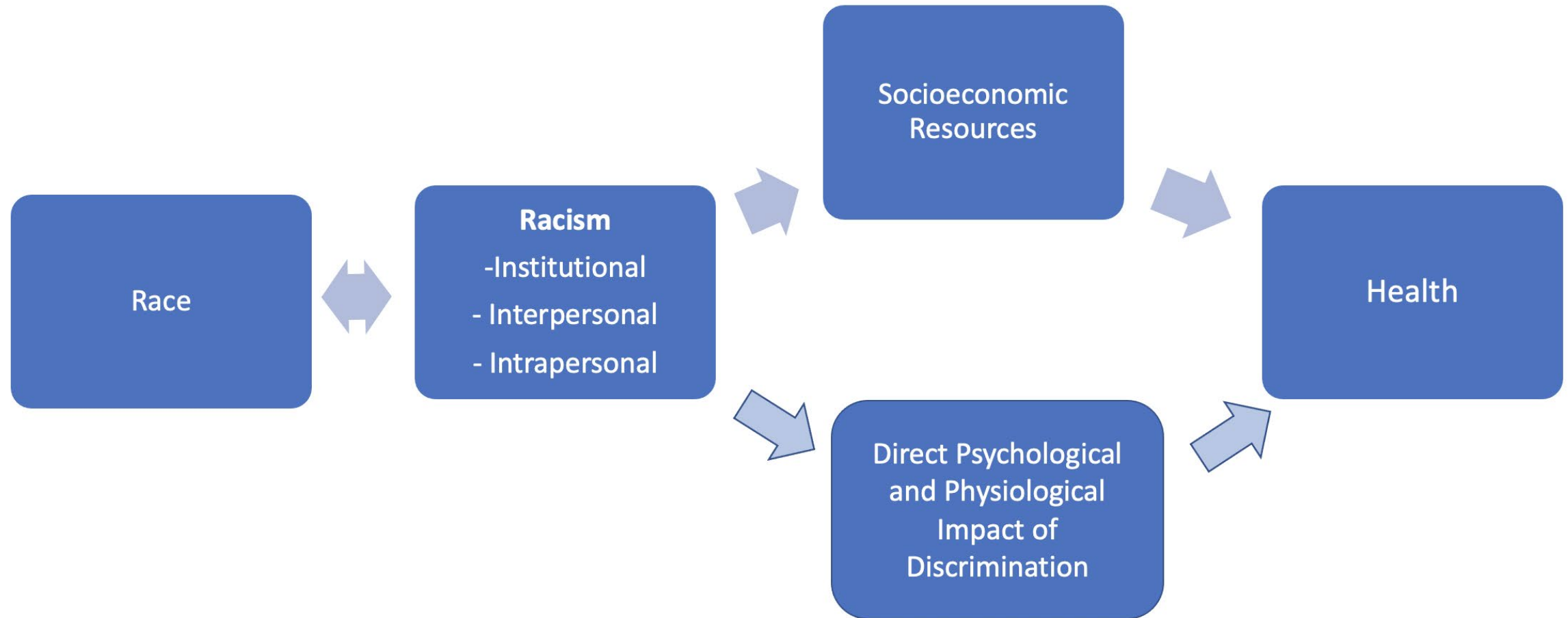
Lesson 2: Racial health disparities are not due to genetic differences between racial group because there is no genetic basis for race

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Racial Disparities of Health Happen Because Racism Affects the Conditions of our Everyday Lives, Which Influences our Biology and our Health

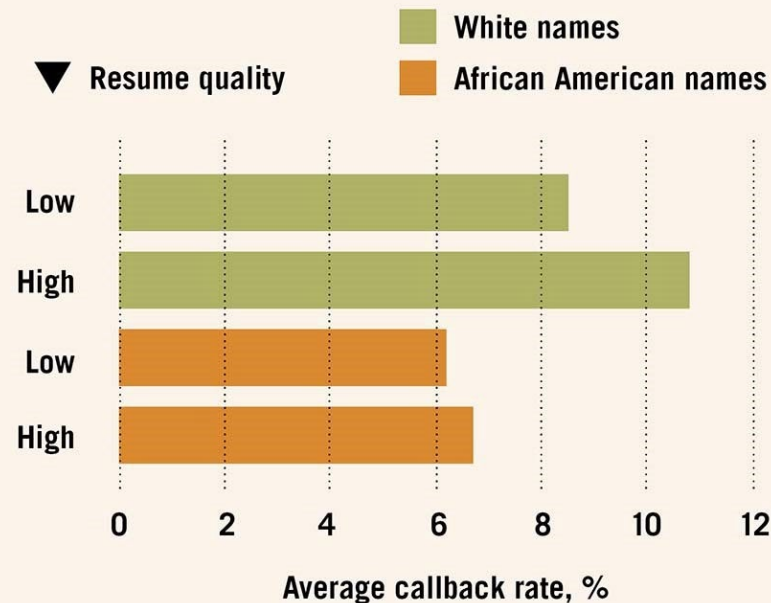


* Adapted from Williams and Mohammed, 2013

Experimental Studies Demonstrate, All Else Being Equal, Racism Significantly Reduces Job Opportunities for Black People

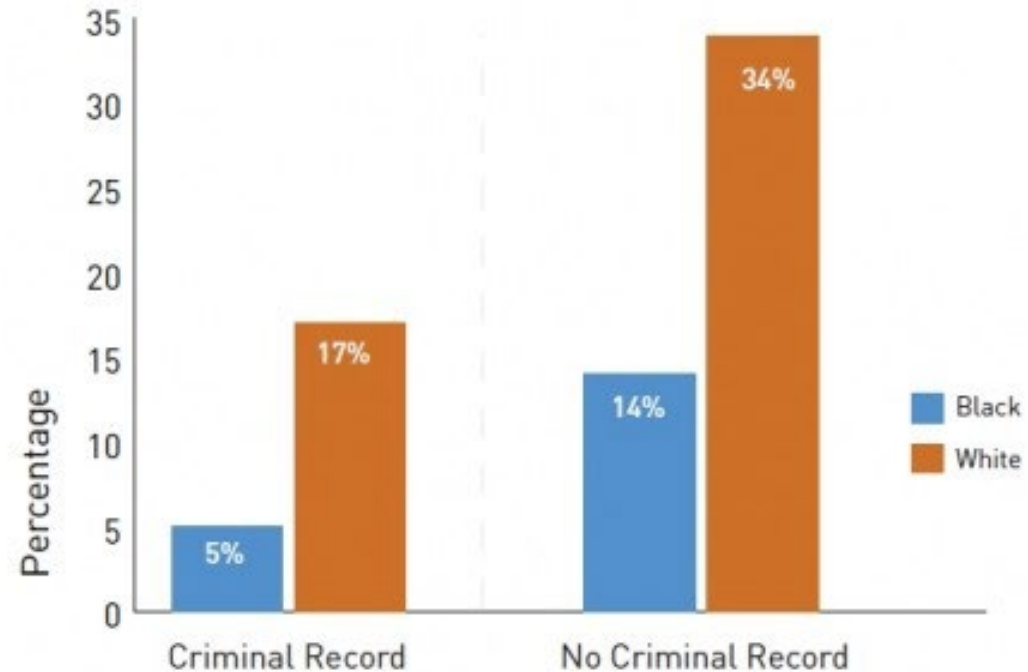
Racism in a resume

Job applicants with African American-sounding names got fewer callbacks.



Source: Bertrand and Mullainathan, 2004

Fig. 9. Racial Impact of a Criminal Record on Interview Callbacks, 2003

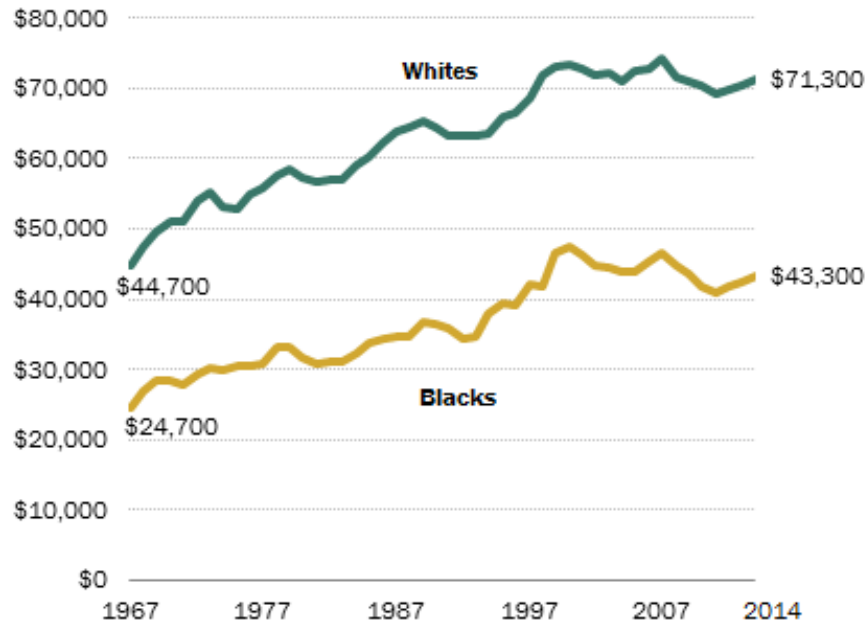


Source: Devah Pager, "The Mark of a Criminal Record", *American Journal of Sociology*, Vol. 108, No. 5 (March 2003), Figure 6, p. 958.

The Cycle of Disparities in Opportunities Across Generations Creates Disparities in Income and Wealth

Racial gaps in household income persist

Median adjusted household income in 2014 dollars



Note: Income standardized to a household size of three and is reported for the calendar year prior to the survey year. For details, see Methodology. Race and ethnicity are based upon the race and ethnicity of the head of household. Whites and blacks include only those who reported a single race. Data from 1970 to 2014 include only non-Hispanic whites and blacks; data prior to 1970 include Hispanics.

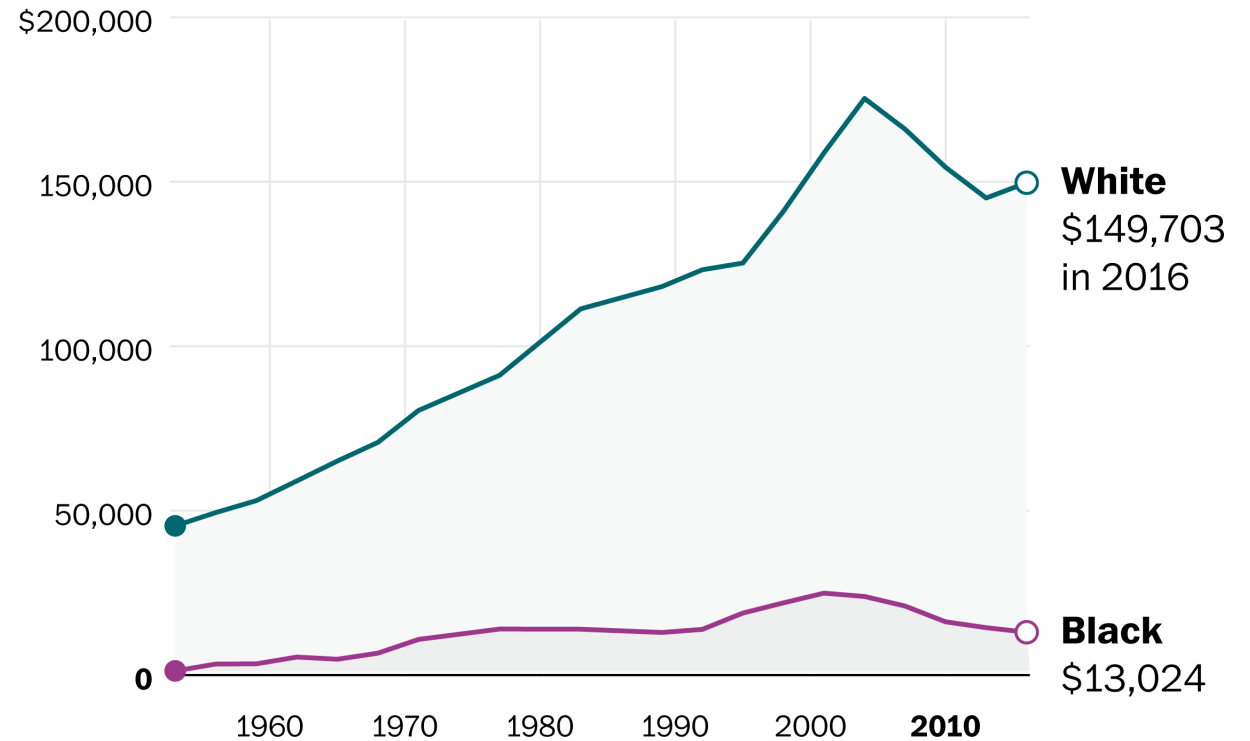
Source: Pew Research Center tabulations of the 1968-2015 Current Population Survey Annual Social and Economic Supplement (IPUMS)

"On Views of Race and Inequality, Blacks and Whites are Worlds Apart"

PEW RESEARCH CENTER

White wealth surges; black wealth stagnates

Median household wealth, adjusted for inflation



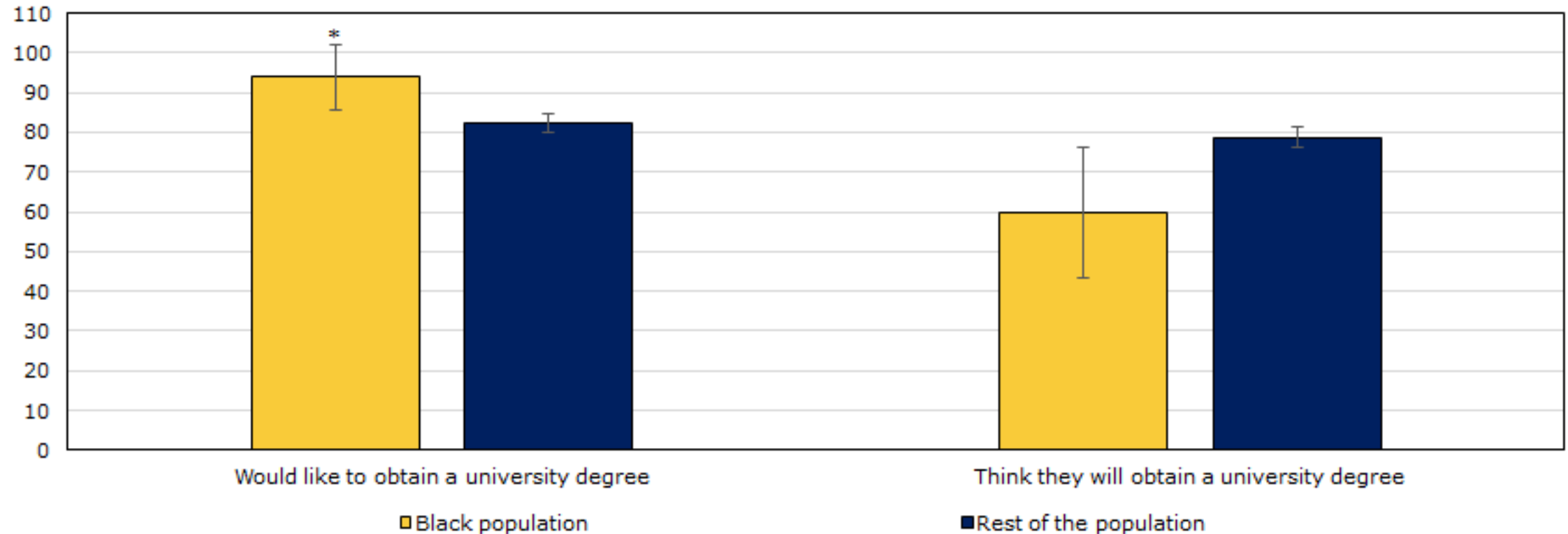
Source: Historical Survey of Consumer Finances via Federal Reserve Bank of Minneapolis and University of Bonn economists Moritz Kuhn, Moritz Schularick and Ulrike I. Steins
THE WASHINGTON POST

Black People are More Likely Than White People to Want a University Degree, But Less Likely to Have Confidence That it Will Happen

Chart 2

Level of educational attainment expectations and aspirations among the population aged 15 to 25 years, Canada, 2016

percent

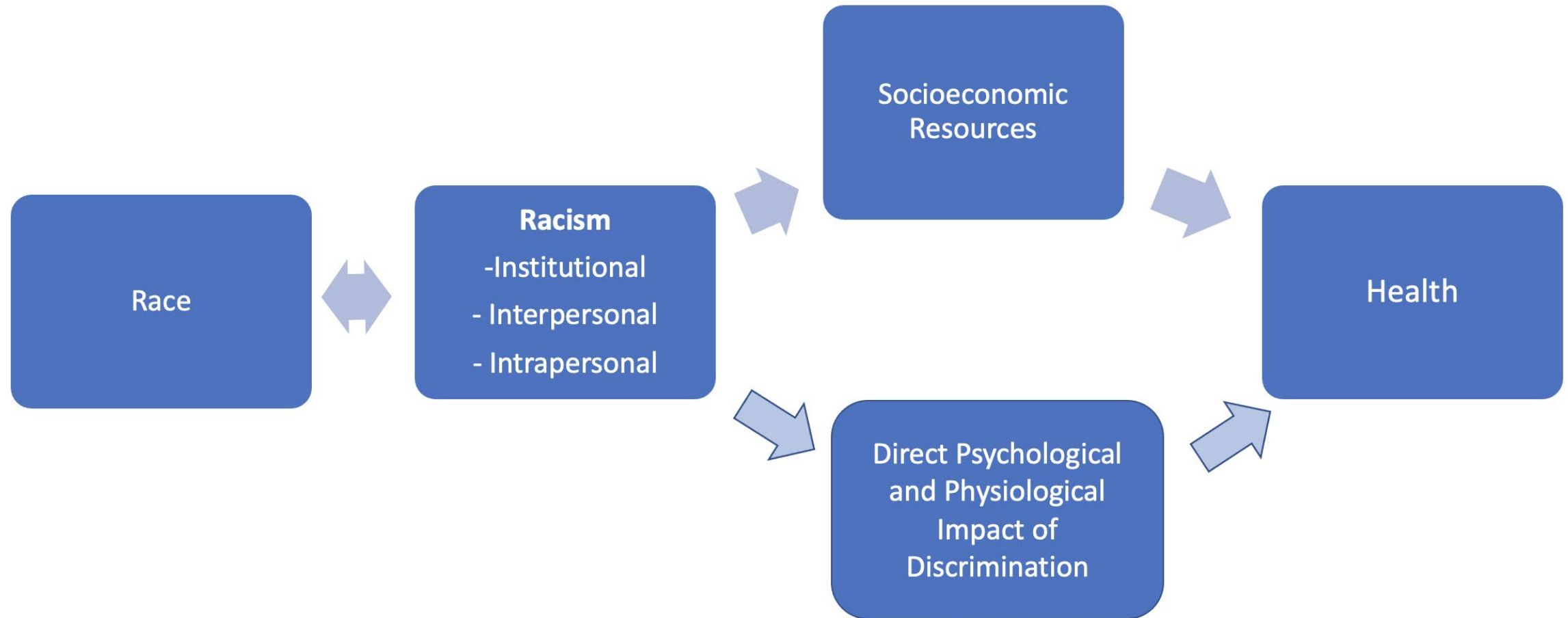


* significantly different from the rest of the population ($p < 0.05$)

Source: Statistics Canada, General Social Survey (Canadians at work and home), 2016.

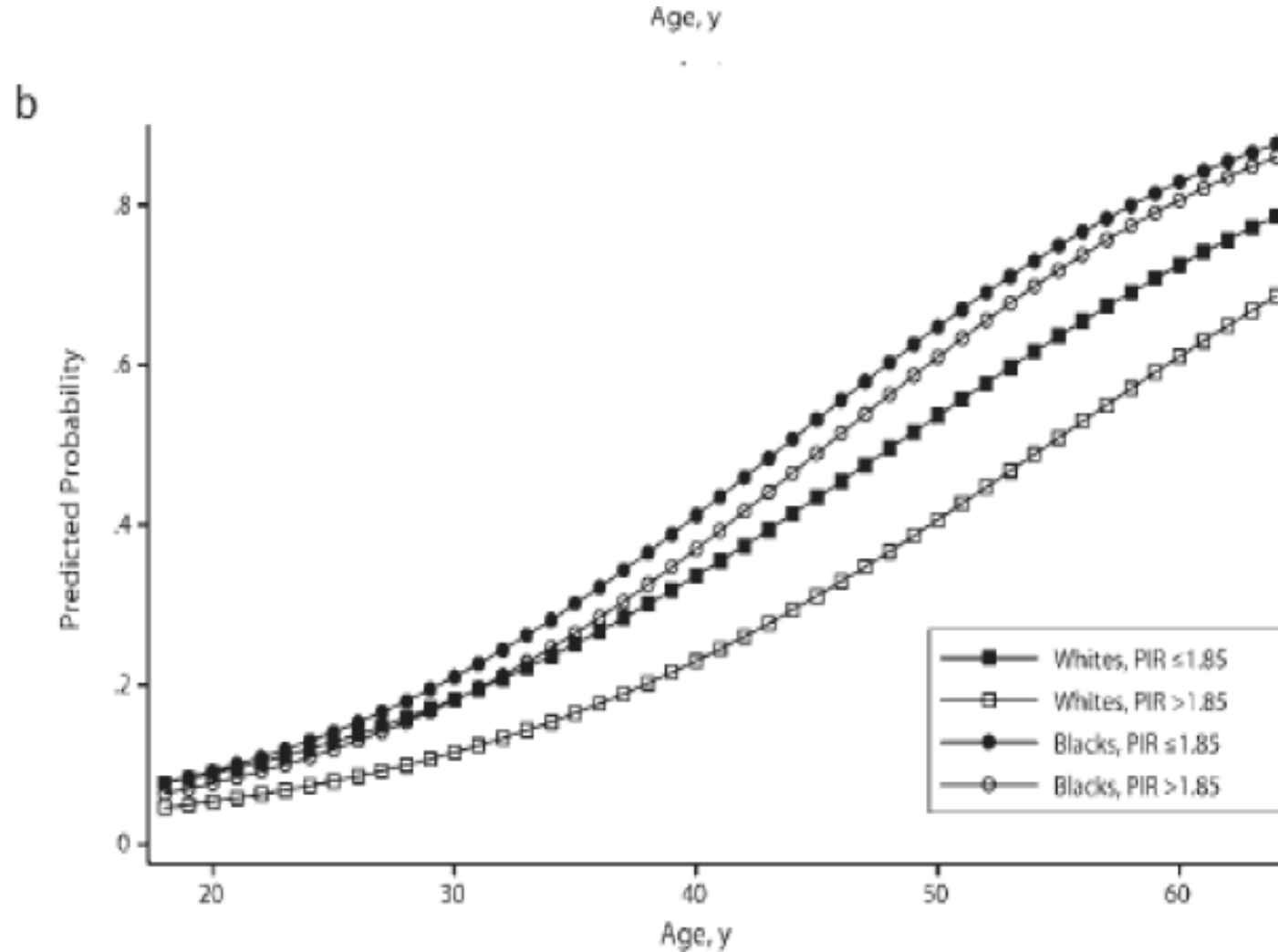


Racial Disparities of Health Happen Because Racism Affects the Conditions of our Everyday Lives, Which Influences our Biology and our Health

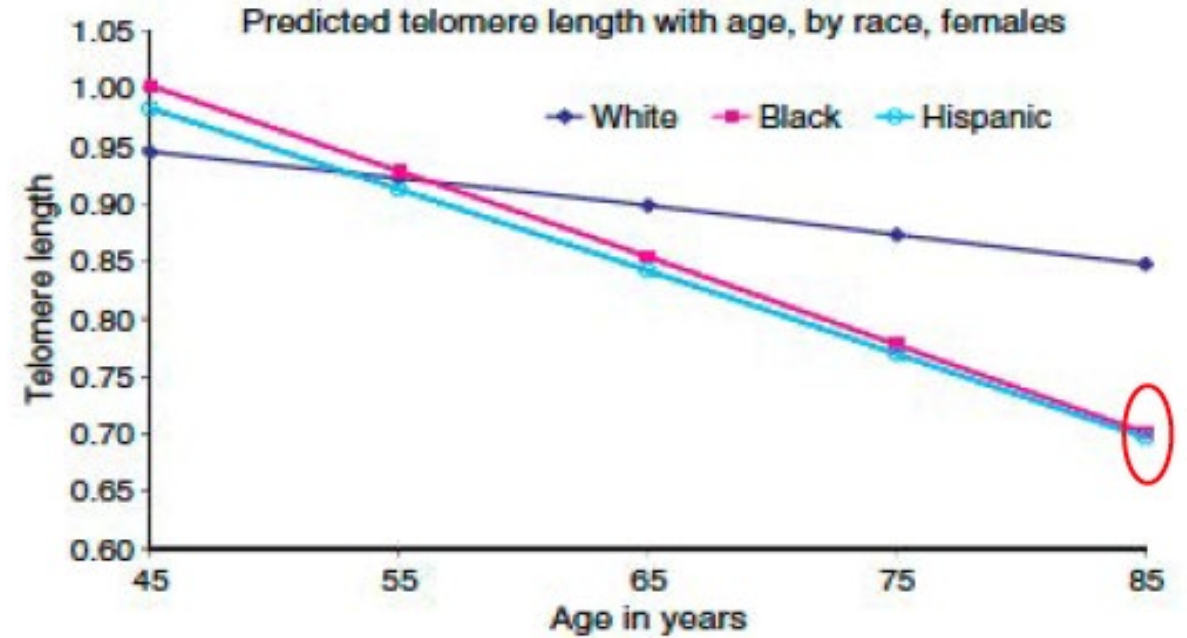
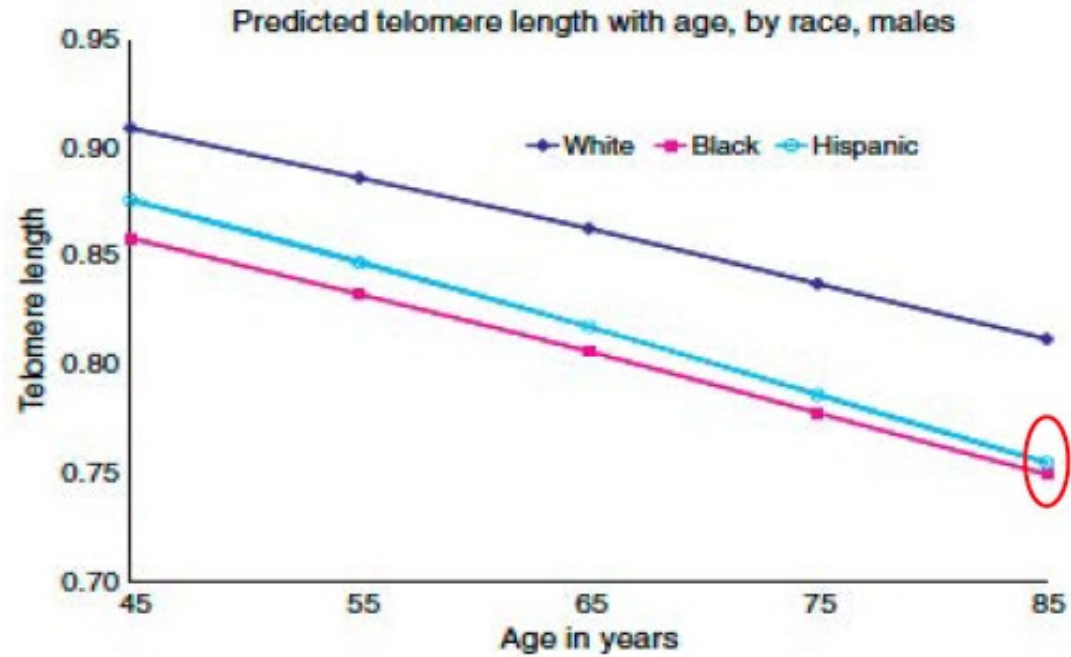


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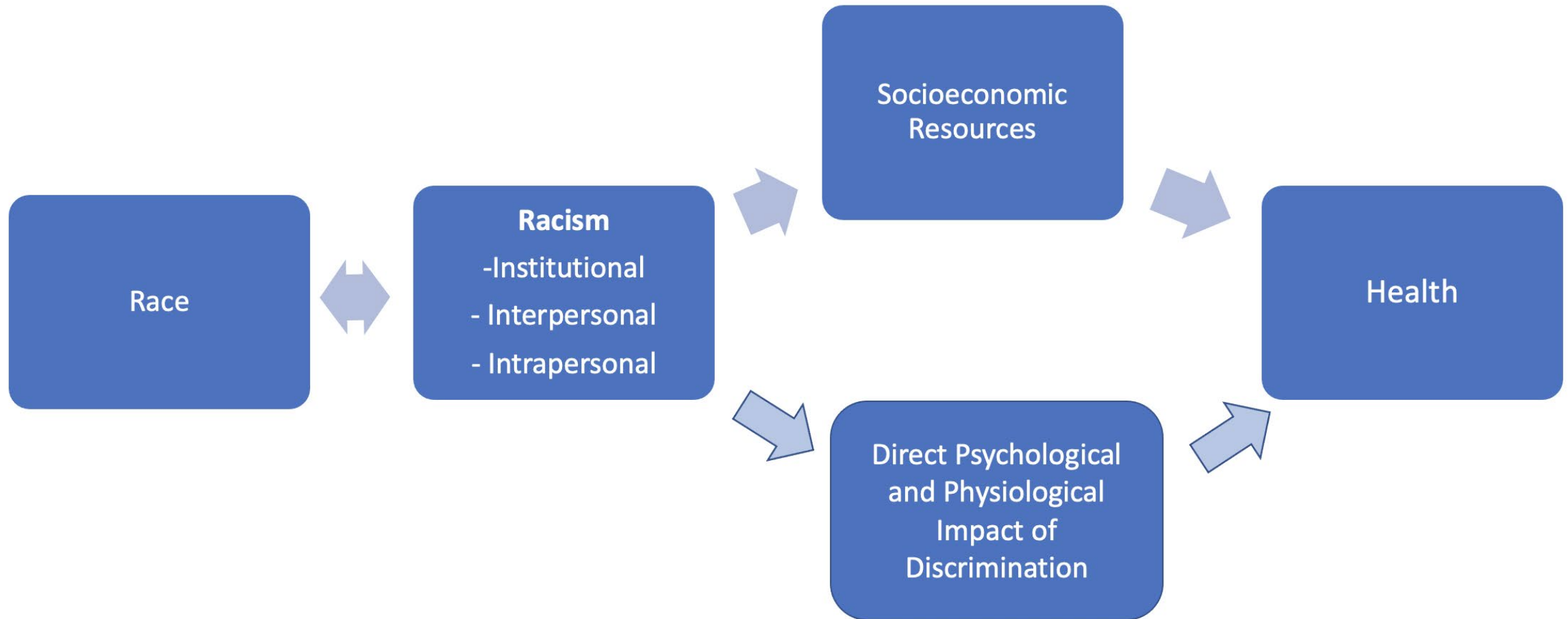
Studies Suggest Black People Experience Worse Physiological Stress in High- and Low-Income Groups



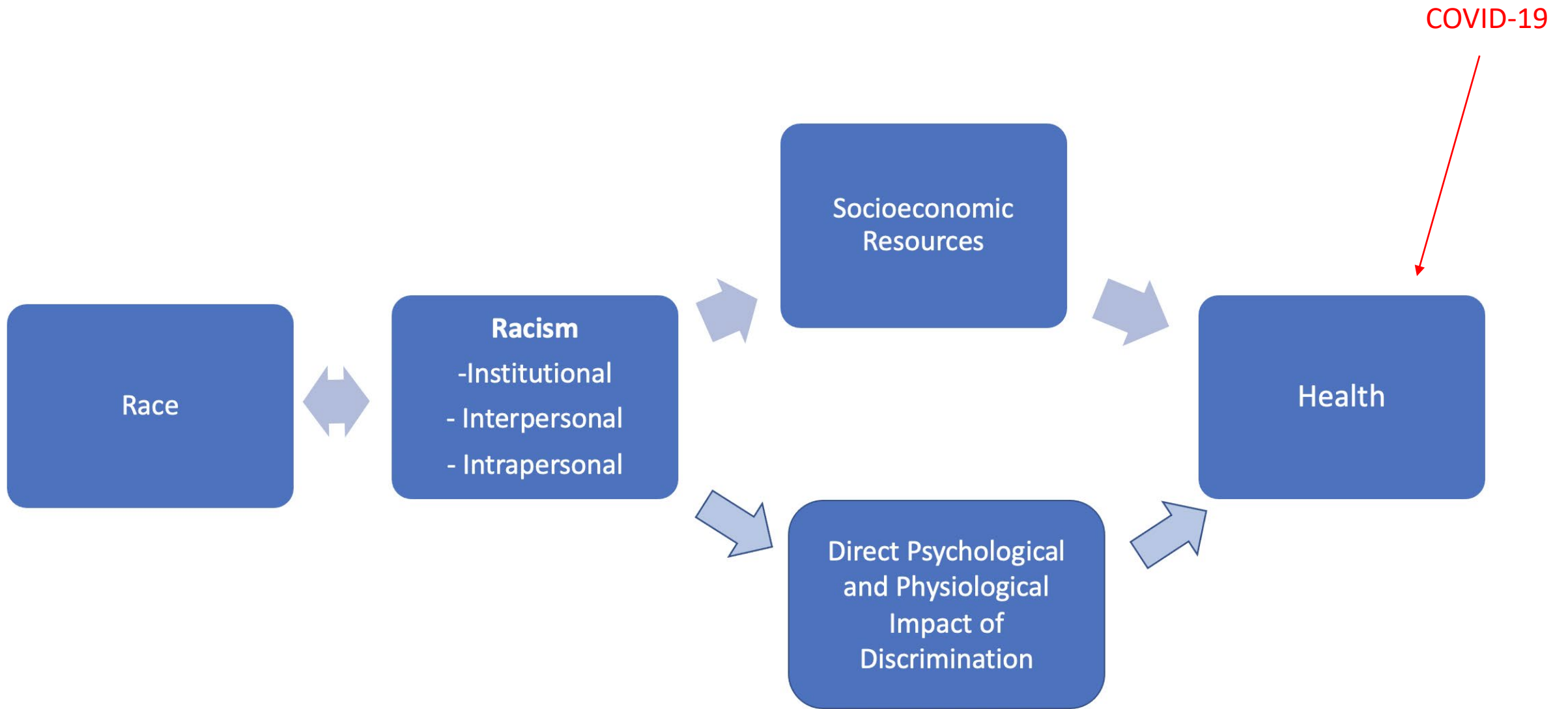
Studies Show that Racial Disparities in Stress Also Influences Biological Aging



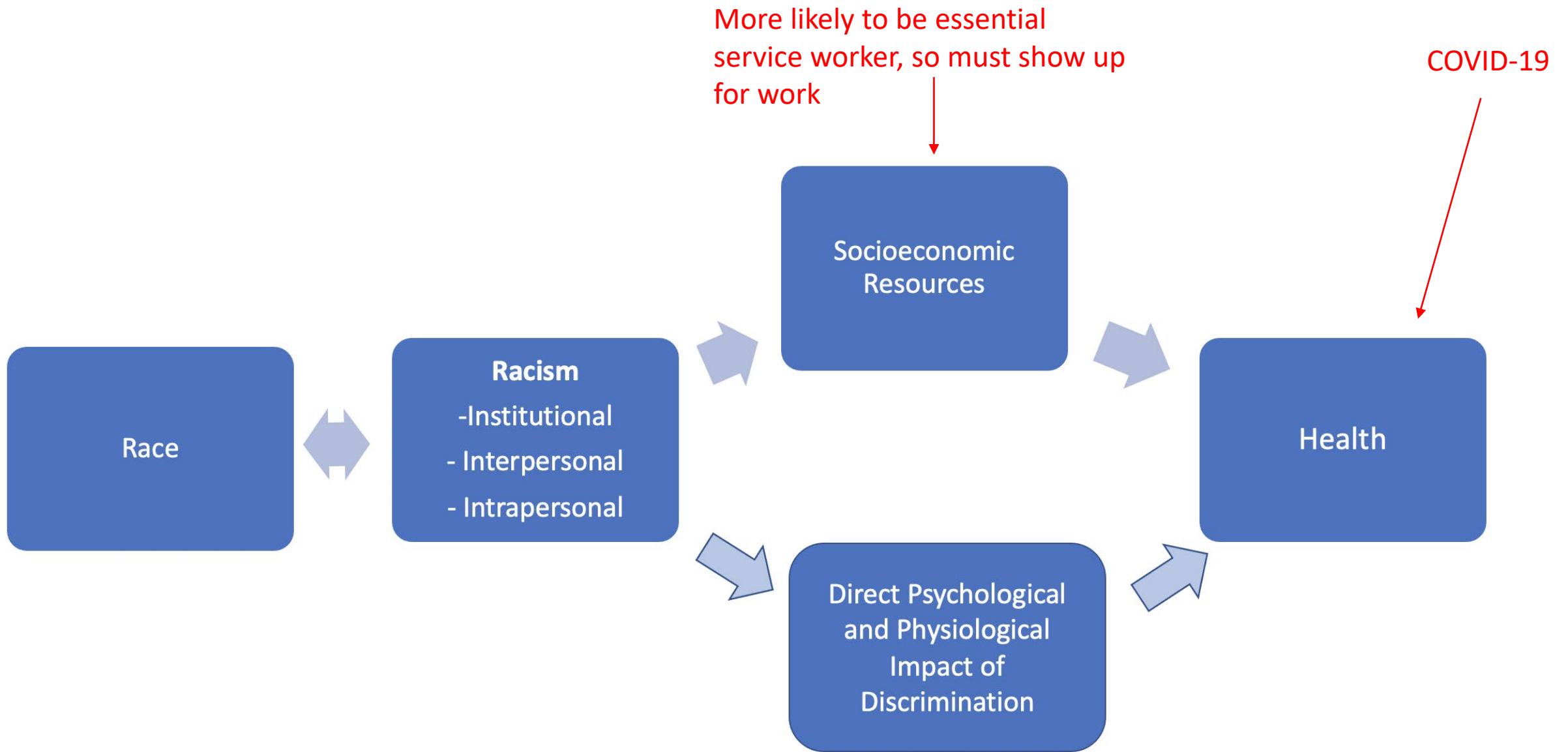
How does this Apply to Racial Disparities in COVID-19?



* Adapted from Williams and Mohammed, 2013



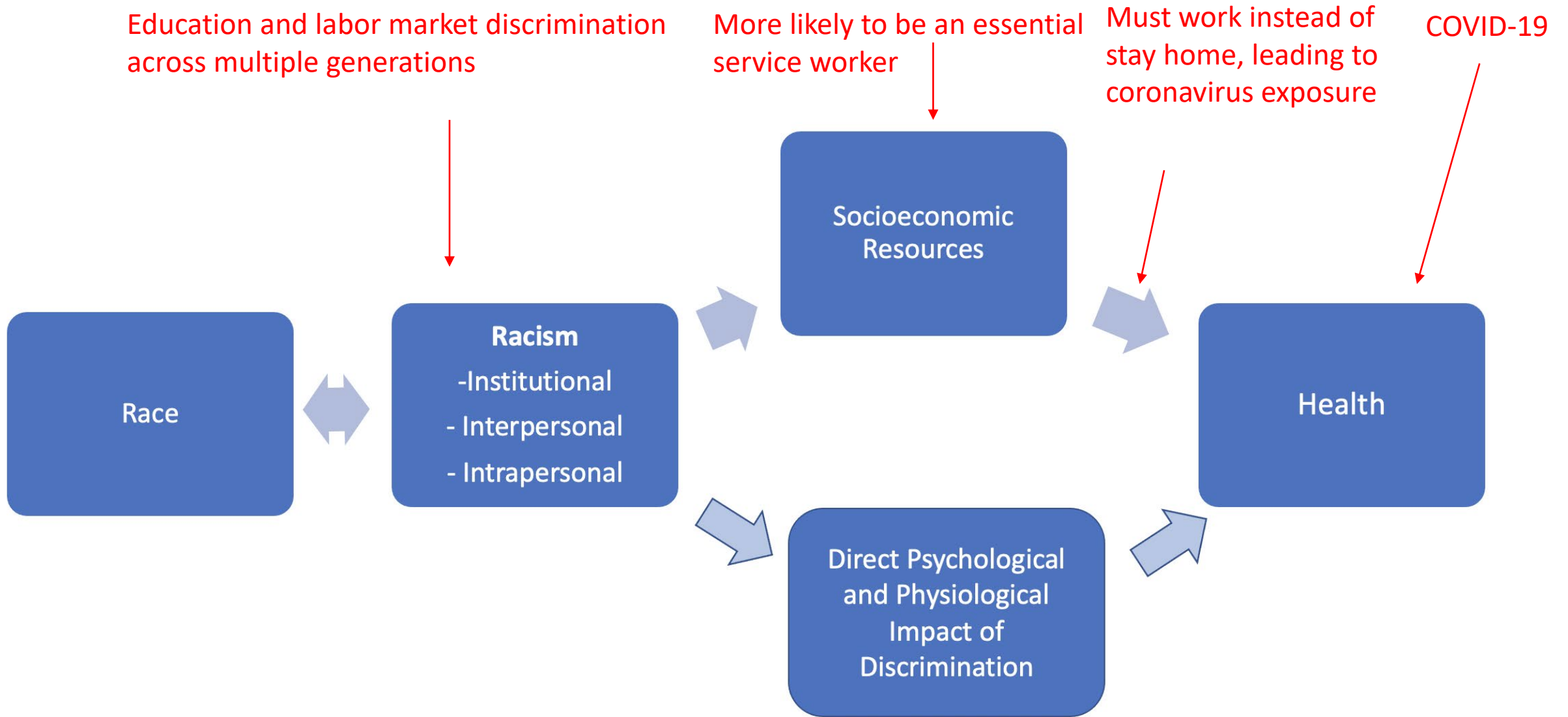
* Adapted from Williams and Mohammed, 2013



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In Wisconsin, White people make up 85% of all workers, but 82.7% of frontline workers.

Black people make up 5.1% of all workers, but 8.2% of frontline workers



* Adapted from Williams and Mohammed, 2013

RACIAL DISPARITY IN EDUCATION: WISCONSIN VS OTHER STATES

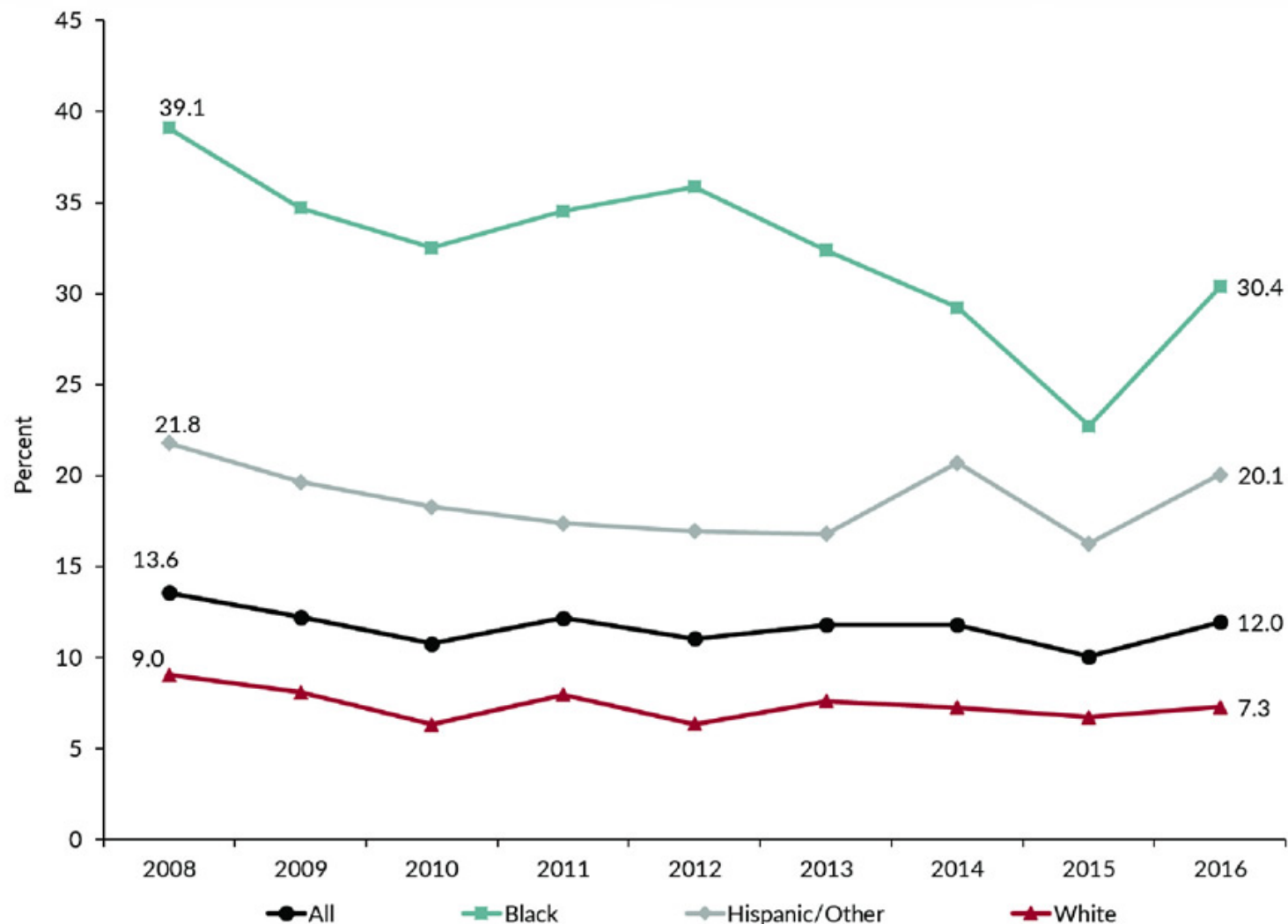
| Index | <i>Wisconsin</i> | | | | | <i>Wisconsin VS. Other States</i> | | | |
|--|------------------|-------|-------|-------------------|--------------------------------------|-----------------------------------|-------|-----------|-------|
| | State Overall | Black | White | Black/White ratio | Ranking among US states (1 is worst) | Best | | Worst | |
| | | | | | | State | Ratio | State | Ratio |
| Percentage of population 25 years and older with high school degree or more* | 91.4% | 81.6% | 92.8% | 0.88 | 2 | Texas | 1.07 | Minnesota | 0.85 |
| Percentage proficient on state assessment in math in eighth grade (2014-15) [†] | 40.8% | 9.7% | 47.6% | 0.20 | 1 | Virginia | 0.75 | Wisconsin | 0.20 |
| Graduation Rate (2014-15) [†] | 88.4% | 64.1% | 92.9% | 0.69 | 1 | Alabama | 0.96 | Wisconsin | 0.69 |

* American Community Survey 2015 one-year estimates

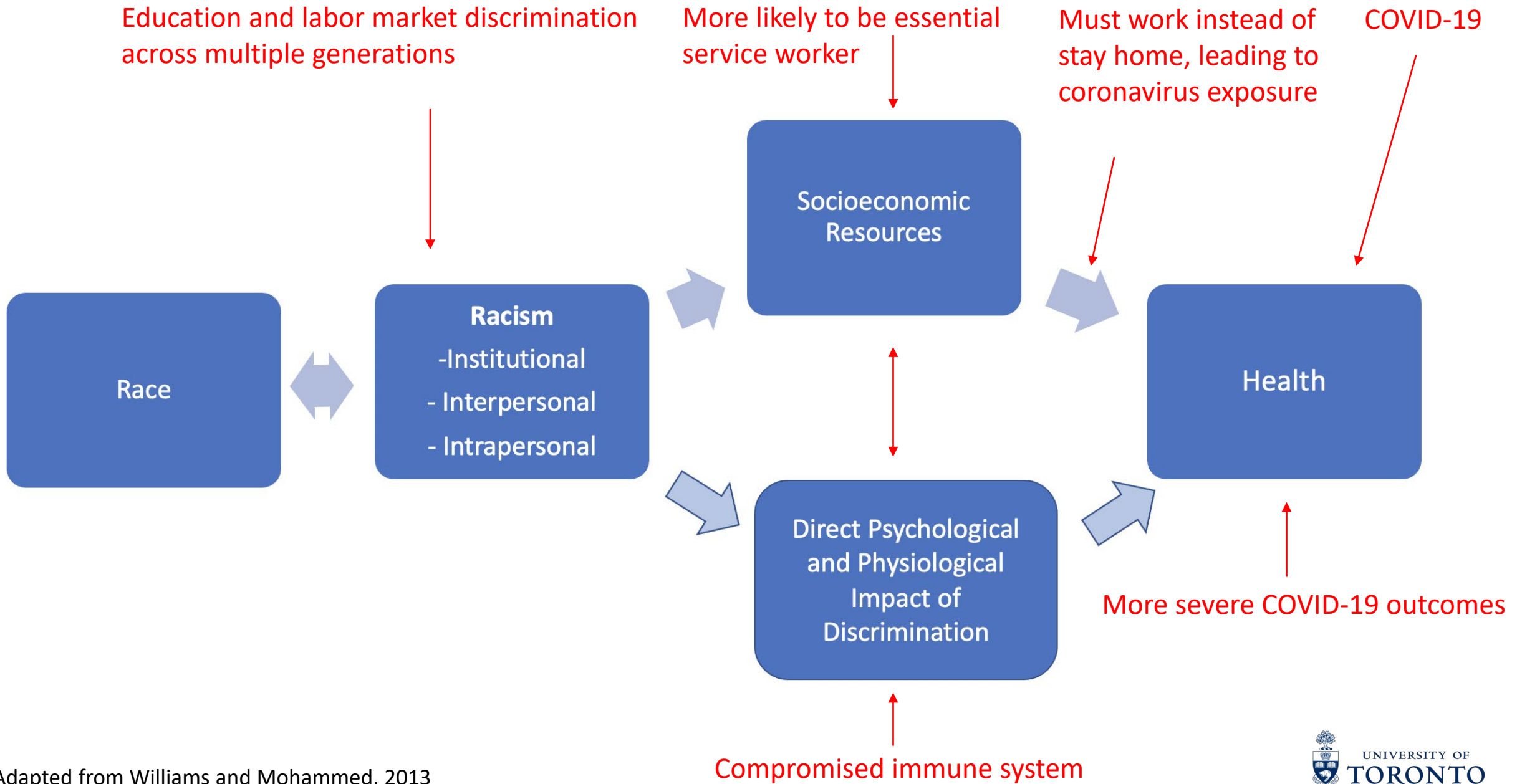
[†] Department of Education Data available at <http://eddataexpress.ed.gov/>;

In Wisconsin, Black Children Have 4X the Poverty Level of White Children

Figure 3. Wisconsin Child Poverty Rates by Race & Ethnicity Using the WPM



Source: IRP tabulations using 2016 American Community Survey public use data as described in Smeeding and Thornton (2018).



* Adapted from Williams and Mohammed, 2013

Racial Disparities in Health Have Worsened Over Time

Wisconsin Health Report Card 2010

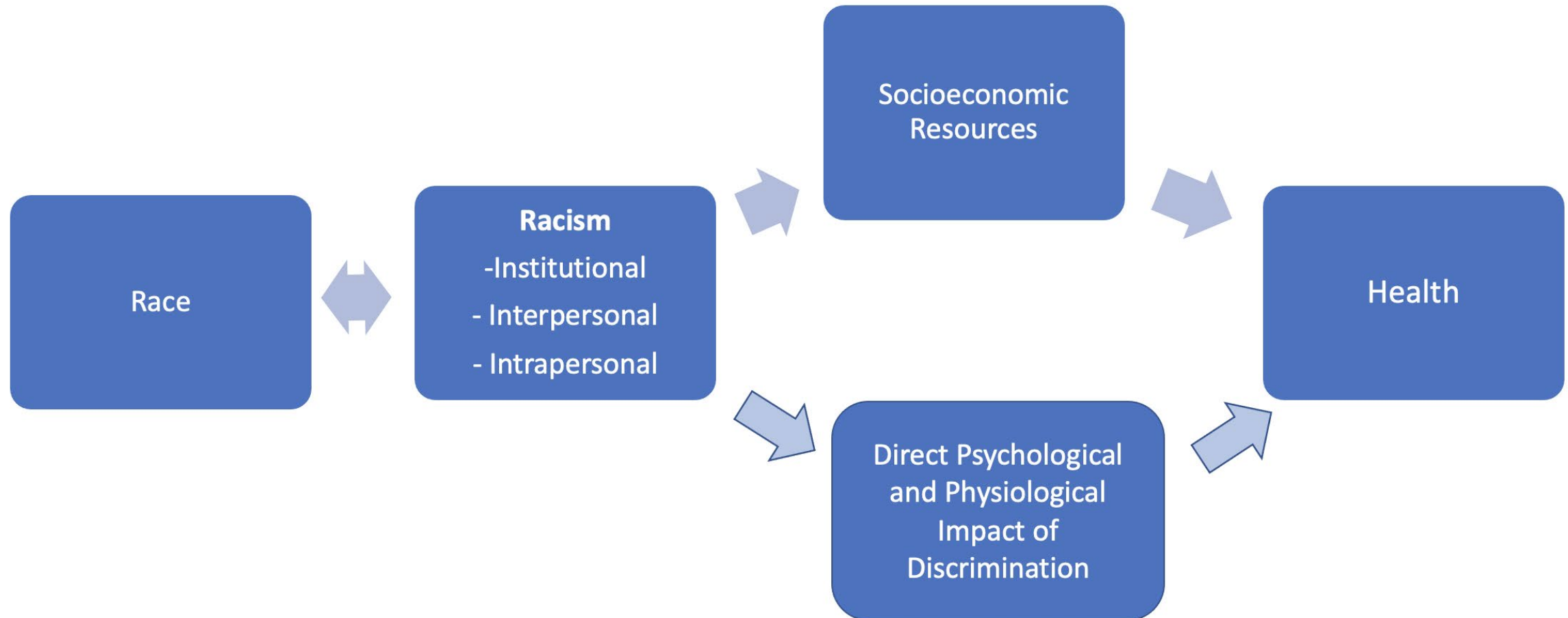
| <i>Life stage</i> | <i>Health grade</i> | <i>Health disparity grade</i> |
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| Older adults (ages 65+) | C | D |
| All ages | B- | C- |

Wisconsin Health Report Card 2016

| <i>Life stage</i> | <i>Health grade</i> | <i>Health disparity grade</i> |
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Wisconsin is Emphasizing Policies that Influence Behaviors and that Influence Social and Economic Factors as if they Are Equal, But They Are Not

Research Shows that “Upstream” Policies Matter Much More



* Adapted from Williams and Mohammed, 2013



Thank you!