Making America Healthier for All: What Each of Us Can Do

David R. Williams, PhD, MPH
Florence & Laura Norman Professor of Public Health
Professor of African & African American Studies and of Sociology
Harvard University
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
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.
Patterns of America’s Health

There are Large Socioeconomic Inequities in Health
Relative Risks of All-Cause Mortality by Household Income Level: U.S. Panel Study of Income Dynamics

P. McDonough, Duncan, Williams, & House, AJPH, 1997
Patterns of America’s Health

There are Large Racial/Ethnic Differences in Health
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

Health United States, NCHS, 2014,
There are Persisting Racial Inequities
Life Expectancy Lags, 1950-2010

Source: NCHS, Health United States, 2013
Added Burden of Race
Life Expectancy at Age 25 Based on Level of Education

6.4-year gap

White

Age 70

Black

5.3-year gap

Overall 0-12 years College graduate

Blacks with a college degree have a lower life expectancy than Whites with only a high school degree.

U.S. Infant Mortality by Race & Education

Braveman, Cubbin, Egerter, Williams, Pamuk, AJPH, 2010
Why Does Race Still Matter?

Could *racism* be a critical missing piece of the puzzle to understand the patterning of racial disparities in health?
The House that Racism Built

Racism
- Ideology of inferiority
- Institutional
- Cultural

Social Forces
- Political
- Legal
- Economic
- Religious
- Cultural
- Historical Events
Racism Defined

• Racism: an organized system that,
  -- categorizes and ranks
  -- devalues, disempowers, and
  -- differentially allocates opportunities/resources

• The development of racism is typically undergirded by an ideology of inferiority in which some population groups are regarded as being inferior to others

• This leads to the development of
  -- negative attitudes/beliefs (prejudice and stereotypes) to out-groups, and
  -- differential treatment (discrimination) by individuals and social institutions

Bonilla-Silva, 1996; Williams 2004
Individual vs Institutional Discrimination
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

Tara Goddard, et al., Psychology Faculty Publications, Portland State University, 2014
Multiple Cars Twice as likely to Pass Blacks

Average Number of Cars that Passed Without Stopping

2.02*  0.98

Black pedestrians  White pedestrians

Tara Goddard, et al., Psychology Faculty Publications, Portland State University, 2014, (*: p ≤ .05)
Blacks Wait 32% Longer to Cross the Street

Second elapsed until driver yield

<table>
<thead>
<tr>
<th></th>
<th>Black pedestrians</th>
<th>White pedestrians</th>
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<tbody>
<tr>
<td></td>
<td>9.79*</td>
<td>7.4</td>
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</table>

Tara Goddard, et al., Psychology Faculty Publications, Portland State University, 2014, (* : p ≤ .05)
<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Average Waiting Time (min)</th>
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<tbody>
<tr>
<td>African Americans</td>
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<td>Latinos</td>
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<td>Native Americans</td>
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</tr>
<tr>
<td>Whites</td>
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</tr>
</tbody>
</table>

Cooperative Congressional Election Study, 2012
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
How Institutional Discrimination Contributes to Racial Inequities
The House that Racism Built

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Segregation
Institutional Racism: Segregation

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
Racial Segregation Is …

- One of the most successful domestic policies of the 20th century

- "the dominant system of racial regulation and control" in the U.S

John Cell, 1982
Why Place 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/
Heart Disease Death Rates Connecticut 1996-2000

Women

Black

White
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.”

Sampson & Wilson 1995
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
How Large are the Racial Differences in Socioeconomic Status (SES)?
Median Household Income and Race, 2015

Racial Differences in Income are Substantial:

<table>
<thead>
<tr>
<th>Race</th>
<th>1 dollar</th>
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</table>

U.S. Census Bureau: Proctor, Semega, Kollar, 2016; *2013, Native Her. Month, 2014
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

U.S. Census Bureau, 2014
Where Racial Inequities in SES are Born

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

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

Racism has produced a truly “rigged system”
The House that Racism Built

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Individual Discrimination

Segregation
The Pervasiveness of Discrimination

Discrimination

Getting a job
- Getting insurance
- Renting an apartment
- Purchasing a car
- Pulled over by police
- Arrested for drug–related crimes

Receiving a promotion
- Buying a home
- Hailing a taxi
- Suspended from preschool
- Cost of bail
- Quality of medical care
Experiences of discrimination are a source of Toxic Stress
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)
  - 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)
  - 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.

Gene Brody et al., 2014., Child Development
The House that Racism Built

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Individual Discrimination

Segregation
- Stereotypes
- Implicit and explicit bias
- Stigma
Negative Racial Stereotypes are deeply embedded in our Culture
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

Verhaeghen et al. British J Psychology, 2011
## Stereotypes in Our Culture

<table>
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<th>Group</th>
<th>Trait</th>
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Negative stereotypes about race remain deeply embedded in our culture

Negative Stereotypes Trigger Racial Discrimination
Internalized Racism:

Acceptance of society’s negative characterization can adversely affect health
The House that Racism Built

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- Stereotypes
- Implicit and explicit bias
- Stigma

Income
  - Education
  - Employment
  - Under-employment
  - Wealth
  - Health
  - Incarceration
  - Stress

Individual and Collective
  - Resources, Social
  - Resources
The House that Racism Built

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Individual and Collective Resources, Social Resources
The House that Racism Built

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Stigma

Individual and Collective Resources, Social Resources
Improving America’s Health

What Can We Do?
Improving America’s Health

Provide High Quality Care to Every individual

Which is very, very hard to do
Racial Bias in Medical Care
David Williams, a University of Michigan professor, right, says: “We have a health care system that is the pride of the world, but this report documents that the playing field is not even.”
Ethnicity and Pain Medicine

Percent of Patients with broken bone receiving no analgesia

55%

Hispanics

26%

NH Whites

Todd et al., JAMA, 1993
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
Faster than the Twinkling of an Eye!

- Studies find that most Americans have rapid and unconscious emotional and neural reactions to blacks.
- A millisecond is 1/1000 of a second.
- 100 milliseconds - how quickly an individual's race is noticed and whether or not that person is trustworthy.
- 300 - 400 milliseconds: time for human eye to blink.
- 800 milliseconds: human resting heart cycle time.

Fiske et al, Du Bois Review, 2009
Unconscious Discrimination

Can be reduced under certain conditions
Propranolol Intervention?

- Propranolol is a beta blocker that reduces emotional conditioning and amygdala responses to visual emotional stimuli (e.g. facial expressions).
- Randomized double blind, parallel group, placebo controlled design of a single oral dose of Propranolol (40mg) of 36 whites in the U.K.
- Compared to placebo, propranolol eliminated implicit bias and reduced heart rate, but had no effect on explicit bias (measured by feeling thermometer: warmth to blacks, whites, homosexuals, Muslims, Christians, drug addicts).

Terbeck et al, Psychopharmacology, 2012
Reducing Racial Bias Among Health Care Providers: Lessons from Social-Cognitive Psychology

Diana Burgess, PhD\textsuperscript{1,2}, Michelle van Ryn, PhD, MPH\textsuperscript{1,3}, John Dovidio, PhD\textsuperscript{4}, and Somnath Saha, MD, MPH\textsuperscript{5}
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.

Beyond Diversity Training

• Racism that is deeply embedded in our culture operates not only at the individual level
• It has shaped our social institutions, policies, and procedures that initiated and sustain racial inequality
• Effectively addressing implicit bias requires identifying and dismantling its institutional legacies and social consequences
• Policy change across multiple domains is necessary to reduce the negative impact of implicit bias

Structural Competence

Understanding the dynamic components & subsystems of racism and how disparities in one domain are a product of processes across multiple subsystems

Labor Market & Income

Education

Criminal Justice System

School Segregation

Health Care Sys

Residential Segregation

Credit Markets

Housing Market

Racism

Adapted from Reskin, Ann Rev Sociology, 2012
Improving America’s Health

Comprehensive Care for ALL
Colorectal Cancer (CRC) Intervention

- State of Delaware fully funds a CRC screening program promoting colonoscopy in 2002
- Provides reimbursement for uninsured residents up to 250% of Federal poverty level (FPL)
- Other state residents eligible through other insurance
- Cancer screening nurse navigator system added in 2004, at each of the 5 acute care hospital sites
- Cancer treatment program added in 2004: covers costs of cancer care for 2 years for newly diagnosed uninsured if income under 650% FPL
- Special outreach efforts for African Americans

Eliminated screening disparities

3 – year average, age adjusted

Equalized Incidence rates

3 – year average, age adjusted

Near Elimination of Mortality Difference

3 - year average, age adjusted

Improving America’s Health

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?

Care that Addresses the Social context
Medical Legal Partnership

- Enables MDs to refer to unique specialists: on-site attorneys
- Most low-income persons face legal issues that affect their quality of life and their management of disease
- Adding lawyers to medical team can screen and assist families for these social problems that affect care
- Stressors addressed: unhealthy housing, immigration, income, food, education access, disability, family law
- Child with asthma, in moldy apartment, will not get well, regardless of meds, if conditions not improved

Zuckerman et al. Pediatrics, 2004
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.
Improving America’s Health

Keeping and Strengthening the Safety Net
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
- 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

Source: Mary Mundinger, NEJM, 1985
Health Impacts

• Elderly experienced reduced access to care
• Av. Medicare deductible for a hospital stay doubled from 1981 to 1985
• Nationwide increase in women who did not receive prenatal care
• A 143% increase in anemia in pregnant women
• Increase in the incidence of Low birth weight
• Increase in infant mortality, poor areas, 20 states, 1981-82
• Preventable childhood diseases rise in poor populations
• Increase in children with elevated blood lead levels, and lead poisoning
• Increase in chronic disease in adults

Source: Mary Mundinger, NEJM, 1985
There’s More to Health than Health Care
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

Health Care Improvement alone will NOT solve America’s health problems

Healthier lifestyles are needed
Needed Behavioral Changes

• Reducing Smoking
• Improving Nutrition and Reducing Obesity
• Increasing Exercise
• Reducing Alcohol Misuse
• Improving Sexual Health
• Improving Mental Health
Psychosocial Stress and Odds of Current & Previous Smoking
Multinomial models estimated independently; Reference Group = Never smokers

Notes: Milwaukee MIDUS sample (N=592); models use continuous stress z-scores (i.e., parameter estimates reflect a 1 SD change) & are adjusted for age, gender, education, & income. (Slopen et al. Nicotine & Tobacco Res, 2012)
Making Healthy Choices Easier

Factors that facilitate opportunities for health:

• Facilities and Resources in Local Neighborhoods
• Socioeconomic Resources
• A Sense of Security and Hope
• Reducing exposure to Physical, Chemical, & Psychosocial Stressors
• Psychological, Social & Material Resources to Cope with Stress
Improving America’s Health
Start Early
The foundations of health in adulthood are laid in childhood
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 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

  Campbell et al. AJPH, 2008; Campbell et al, Science, 2014
Carolina Abecedarian Project (ABC)

- Example: systolic BP 143 mm Hg in male controls vs. 126 mm 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

Campbell et al. AJPH, 2008; Campbell et al, Science, 2014
Improving America’s Health

Improve Economic Well-being
Economic Policy is Health Policy

In the last 60 years, black-white differences in health have narrowed and widened with black-white differences in income.
Improving America’s Health

Improve Neighborhood and Housing Conditions
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 (HbA1c).

Leventhal and Brooks-Gunn, 2003; Ludwig et al. NEJM, 2011
Improving America’s Health
Comprehensive Approaches
Purpose Built Communities: Comprehensive

• 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

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<th><strong>Safety</strong></th>
<th><strong>Housing</strong></th>
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<tr>
<td>• 73% reduction in crime</td>
<td>• High-quality, privately managed housing</td>
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<tr>
<td>• 90% lower violent crime</td>
<td>• Mixed-income (50% public housing, 50% market rate)</td>
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<tr>
<td></td>
<td>• 1400 residents in 542 apartments</td>
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<td>• 75% employment in public housing, remainder in job training, elderly or disabled</td>
<td>• ~1500 in Pre-K through 10th</td>
</tr>
<tr>
<td>• Median income of ~ $15k in public housing households</td>
<td>• 98% meet or exceed state standards</td>
</tr>
<tr>
<td></td>
<td>• A top performing school in Atlanta and the state</td>
</tr>
</tbody>
</table>
What Is Holding Us Back?

What are the Barriers we have to Address?
What elephant?
3 Communication Challenges
-- We need to raise awareness levels of the problem of inequities in health

-- We need to build the science base that will guide us in developing the political will to address racial and SES inequities in health

-- We need to build empathy, that is, identify how to tell the story of the challenges of the disadvantaged in ways that emotionally connects and resonates with the public
The Real Challenge

An Empathy Gap?

“The most difficult social problem in the matter of Negro health is the peculiar attitude of the nation toward the well-being of the race. There have... been few other cases in the history of civilized peoples where human suffering has been viewed with such peculiar indifference”  W.E. B. Du Bois, 1899 [1967] p.163
Lack of Empathy, Evident Early in Life

• Mainly white 5-, 7- and 10-year-olds rate pain of black and white children
• No racial bias at age 5
• Children show weak bias (blacks feel less pain) at age 7
• At age 10 children rate pain of black child less than white one (strong, reliable racial bias)
• Unrelated to social preference (would like to be friends with)
• We may need to start empathy training very young

R. Dore et al, Br J Dev Psych, 2014
Support for Government Intervention

Giving businesses and industry special tax breaks for locating in poor and high unemployment areas

OR

largely black areas

Lawrence Bobo et al., Social Trends in American Life, 2012
Support for Government Intervention

Lawrence Bobo et al., Social Trends in American Life, 2012
We Need to Build Community Capacity

• Need to embrace and strengthen the capacity of various community institutions (families, neighborhoods, schools, churches, businesses and voluntary agencies)

• Result: community needs can be more effectively addressed and these institutions can be enlisted to be agents of change to seek solutions to local problems

• Community-based interventions can view the community as the target of change with a goal of creating a healthier community through changes in community policies, environments, institutions and services

Goodman et al. 1998; McLeroy et al. 2003
Conclusions

• Racism, in its multiple forms, is alive and well today
• Its most powerful effects are through policies and procedures that are embedded in social institutions
• We need to acknowledge and understand the current manifestations of racism
• We need re-doubled efforts to mitigate its pathogenic effects
• We need to create the political will and support to dismantle societal structures that support racism, ethno-centrism, anti-immigrant sentiments and incivility
"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