

## Excavating Atlanta, Episode 7- Health Inequity

Below the producer has curated some materials that serve to supplement some of the concepts introduced in the discussion. There are time stamps to help you navigate which part of the discussion the materials pertain to.

### 1:50 Social Determinants of Health: What are They?

The Centers for Disease Control defines social determinants of health as

*“economic and social conditions that influence the health of people and communities [1]. These conditions are shaped by the amount of money, power, and resources that people have, all of which are influenced by policy choices. Social determinants of health affect factors that are related to health outcomes. Factors related to health outcomes include:*

- *How a person develops during the first few years of life (early childhood development)*
- *How much education a person obtains*
- *Being able to get and keep a job*
- *What kind of work a person does*
- *Having food or being able to get food (food security)*
- *Having access to health services and the quality of those services*
- *Housing status*
- *How much money a person earns*
- *Discrimination and social support”*

The CDC also says that addressing social determinants of health is important, because addressing them...

*is a primary approach to achieving health equity. Health equity is “when everyone has the opportunity to ‘attain their full health potential’ and no one is ‘disadvantaged from achieving this potential because of their social position or other socially determined circumstance” [5]. Health equity has also been defined as “the absence of systematic disparities in health between and within social groups that have different levels of underlying social advantages or disadvantages—that is, different positions in a social hierarchy” [6]. Social determinants of health such as poverty, unequal access to health care, lack of education, stigma, and racism are underlying, contributing factors of health inequities.*

[Click here](#) to learn more about social determinants of health and data supporting that these qualities impact health outcomes.

### 2:45 Segregation and Quality of Life

Listen to the Housing episode of Excavating Atlanta to hear the full history of how Atlanta came to become so segregated. Part of the story is related to zoning and urban design standards. Another part has to do with the integration of Atlanta Public Schools. Either way, Atlanta, like other major cities experienced a period of white flight after public school integration, taking tax dollars for public

resources with them. The following passage from Maurice Hobson's "Legend of the Black Mecca," illustrates the disparity in public services in segregated Atlanta:

*Importantly, the major complaints among black Atlantans between 1950 and 1960 were: Their schools were inadequate and overcrowded. They needed better housing. Too few blacks served on grand and petit juries. Not enough blacks were employed by the city and none of those employed had been promoted. Blacks had had no representation on the Atlanta Board of Aldermen. Blacks should receive more job opportunities with local governmental agencies. At the beginning of the decade, most of Atlanta's progress was made in areas such as public parks, buses, lunch counters, and libraries, yet the following figures show discrimination endured by blacks in the early 1960s, when they constituted more than one-third of the city's population: 41 major parks for white Atlantans; 3 for blacks 20 football fields for whites; none for blacks 16 recreation centers for whites; 3 for blacks 12 swimming pools for whites; 3 for blacks 22 baseball diamonds for whites; 3 for blacks 119 tennis courts for whites; no more than 8 for blacks.*

Hobson, Maurice J. (2017-10-03). The Legend of the Black Mecca: Politics and Class in the Making of Modern Atlanta (p. 30). The University of North Carolina Press. Kindle Edition.

### **3:50 Medicaid Expansions--Affordable Care Act**

Medicaid is a publicly-available federally-funded version of healthcare coverage, particularly for people living in poverty and people with disabilities. In 2013, President Obama expanded Medicaid coverage for those living 138 percent below the Federal poverty level, or \$26,347 for a family of three and \$15,417 for an individual. [Georgia](#) is one of eighteen states that did not elect to commit to this expansions for those living in poverty. The Georgia legislature has looked at [other ways](#) to bring federal healthcare dollars to the state without signing on to the Affordable Care Act.

### **5:45 The Black Experience and Health**

We have already uncovered in this podcast series how race in America (and in Atlanta) is correlated to poverty and housing conditions. These conditions definitely impact health outcomes. For example, seventy percent of kids in the Atlanta Public School System are on free and reduced lunch. This does not give a good indication of families' ability to afford food for other meals. Additionally, if you are someone living in poverty in America, not only is your access to primary healthcare resources limited, but your secondary access to public services such as parks or recreation centers are also limited.

There is [recent research](#) that demonstrates that just being a person of color in America and the experiences of everyday discrimination, has a significant impact on health outcomes. Experiencing everyday racism has been found to be correlated with increased risk of cardiovascular disease, hypertension, breast cancer, and higher postpartum mortality rates among black women. Social epidemiologist, John Sherman, has coined the term [John Henryism](#) in his research, which refers to a coping mechanism that people of color may use to deal with everyday racism that adversely affects health. He describes it as

*“... a cultural adaptation on the part of newly freed people faced with the daunting task of creating for themselves, an American identity. To be authentic, that identity had to make possible a coherent expression of core American values such as hard work, self-reliance, and freedom.*”

*James argues that in the face of psychosocial stressors, African Americans may use high-effort coping due to their increased exposure to psychosocial stressors, particularly in response to race-related obstacles such as racial discrimination (James, 1994, 2002; James et al., 1983). According to James, high-effort coping strategies are characterized persistent, sustained efforts to cope with racial barriers. Furthermore, James argues that high-effort coping may be deleterious to health because considerable energy is expended to cope with psychosocial stressors and individuals have greater perceived control over the outcome of a stressful situation.”*

Source: Hudson, Darrell L. et al. “Racial Discrimination, John Henryism, and Depression Among African Americans.” *The Journal of black psychology* 42.3 (2016): 221–243. PMC. Web. 1 May 2018.

TED Radio Hour recently did a great podcast episode on the [Consequences of Racism](#). Give it a listen to learn more about pregnant women of color and imposter syndrome.

Here’s another [TED Talk](#) on how Racism makes people sick.

### **6:30 Medical Experiments on Enslaved Peoples and Freed Blacks**

*“Use of blacks for medical experimentation and demonstration was not the result of a conscious organized plan on the part of white southerners to learn more about the differences between the races or even how to better care for their black charges... Throughout history medicine has required bodies for teaching purposes... And medical schools throughout the United States attempted to meet new demands of students for a modern education. Clinics, infirmaries, and hospitals were opened in conjunction with those colleges’ patients, however, were not always willing to enter. To fill beds it became essential to use the poor and enslaved....”*

*“The abolitionist Theodore Dwight Weld was not exaggerating when he claimed in his 1839 polemical work, *American Slavery as It Is*: ‘Public opinion would tolerate surgical experiments, operations, processes, performed upon them [slaves], which it would not execrate if performed upon their master or other whites’.”*

Source: Savitt, T. (1982). The Use of Blacks for Medical Experimentation and Demonstration in the Old South. *The Journal of Southern History*, 48(3), 331-348. doi:10.2307/2207450

One such example of surgical experimentation was done by J. Marion Sims on enslaved women. You can read more [here](#).

Additionally, United State physicians were some of the founders of the eugenics movement. This “scientific” movement in the early 20th century, postulated that “undesirable” populations, such as people of color, immigrants, the disabled and the “feeble-minded,” should be sterilized so that they

cannot reproduce and taint the genetic pool of the human race. This movement was late popularized by the Nazi party in Germany....

*“Thirty-two states passed eugenic-sterilization laws during the twentieth century, and between sixty and seventy thousand people were sterilized under them. The rhetoric of the movement toned down after the U.S. went to war with Germany; most American eugenicists abandoned their explicit praise of the Nazi project, and the field dwindled as an area of officially sanctioned research. (The disassociation did not go both ways: Buck v. Bell was cited by the defense at Nuremberg.) But the sterilization rate remained high even after the Second World War. So many poor Southerners underwent the procedure that it became known as a “Mississippi appendectomy.” It was only in the nineteen-sixties and seventies, with evolving attitudes toward civil and human rights, that states began repealing their sterilization laws. The culminating shock of “Imbeciles”—a book full of shocking anecdotes—is the fact that Buck v. Bell is still on the books and was cited as precedent [in court](#) as recently as 2001. Forced or coercive sterilizations never entirely went away either. In 2013, the Center for Investigative Reporting [revealed](#) that at least a hundred and forty-eight female prisoners in California were sterilized without proper permission between 2006 and 2010. Last year, a district attorney in Nashville [was fired](#) for including sterilization requirements in plea deals.”*

Source: [The Forgotten Lessons of the American Eugenics Movement](#), By [Andrea DenHoed](#). The New Yorker. April 27, 2016

### **6:50 Tuskegee Syphilis Study**

This is one of the most famous examples of medical experimentation and mal-treatment of African Americans. The study last forty years. [Read more.](#)

### **10:30 Racial Disparities in Autism Diagnoses**

There has been a lot of research in the past couple of years, and Dr. Singh does a great job describing why these misdiagnoses may happen. Here’s a couple of articles to follow up and read more:

<https://www.npr.org/sections/health-shots/2018/03/19/587249339/black-and-latino-children-are-often-overlooked-when-it-comes-to-autism>

### **16:30 Rights of Persons with Disability**

The UN has created a public International document that acknowledges the rights of persons with disabilities. This [international Convention](#) is the baseline for the rights of disabled persons around the world. In the United States, the “[Americans with Disabilities Act](#)” is the primary legal document governing the rights of these individuals. ADA was not passed until 1990, and many in the population still do not understand their rights when it comes to disability.

## 19:20 Racial Disparities in Chronic Disease Diagnoses

The following graphs illustrating a survey conducted by [Gallup](#), illustrates the disparities in chronic diseases. As mentioned before, many of these chronic health conditions are related to food disparities and insecurity, impoverished conditions, and internalized stress to name a few.

### *Percentage Obese in U.S. by Race/Ethnicity and Age*

Body Mass Index values of 30 or above are classified as "obese," according to respondents self-reported weight and height

	<b>Total</b>	<b>White</b>	<b>Black</b>	<b>Asian</b>	<b>Hispanic</b>
18-29	17%	16%	22%	7%	19%
30-44	29%	27%	39%	10%	33%
45-64	33%	31%	43%	12%	35%
65+	27%	26%	36%	10%	28%
Difference (pct. pts.) between 65+ and 18-29 groups	16	15	21	5	16
All ages	27%	26%	35%	9%	28%

Gallup-Healthways Well-Being Index  
Jan. 2, 2013-Aug. 8, 2014

GALLUP®

*Do you currently have or are you currently being treated for high blood pressure?*

% Yes, by race/ethnicity and age

	<b>Total</b>	<b>White</b>	<b>Black</b>	<b>Asian</b>	<b>Hispanic</b>
18-29	2%	2%	3%	1%	2%
30-44	10%	9%	17%	6%	7%
45-64	32%	30%	49%	22%	26%
65+	54%	53%	70%	59%	53%
Difference (pct. pts.) between 65+ and 18-29 groups	52	51	67	58	51
All ages	24%	26%	30%	9%	13%

Gallup-Healthways Well-Being Index

Jan. 2, 2013-Aug. 8, 2014

GALLUP®

*Do you currently have, or are you currently being treated for high cholesterol?*

% Yes, by race/ethnicity and age

	<b>Total</b>	<b>White</b>	<b>Black</b>	<b>Asian</b>	<b>Hispanic</b>
18-29	1%	1%	1%	1%	1%
30-44	6%	6%	7%	5%	6%
45-64	23%	24%	24%	20%	19%
65+	39%	39%	40%	40%	37%
Difference (pct. pts.) between 65+ and 18-29 groups	38	38	39	39	36
All ages	17%	20%	15%	7%	9%

Gallup-Healthways Well-Being Index

Jan. 2, 2013-Aug. 8, 2014

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### Sample Sizes for Reported Groups

	Total	White	Black	Asian	Hispanic
All ages	272,347	213,782	24,131	5,752	24,658
18-29	38,380	22,757	5,056	2,118	7,636
30-44	49,677	34,044	5,526	1,911	7,335
45-64	102,137	83,101	9,161	1,293	7,029
65+	82,153	73,880	4,388	430	2,658

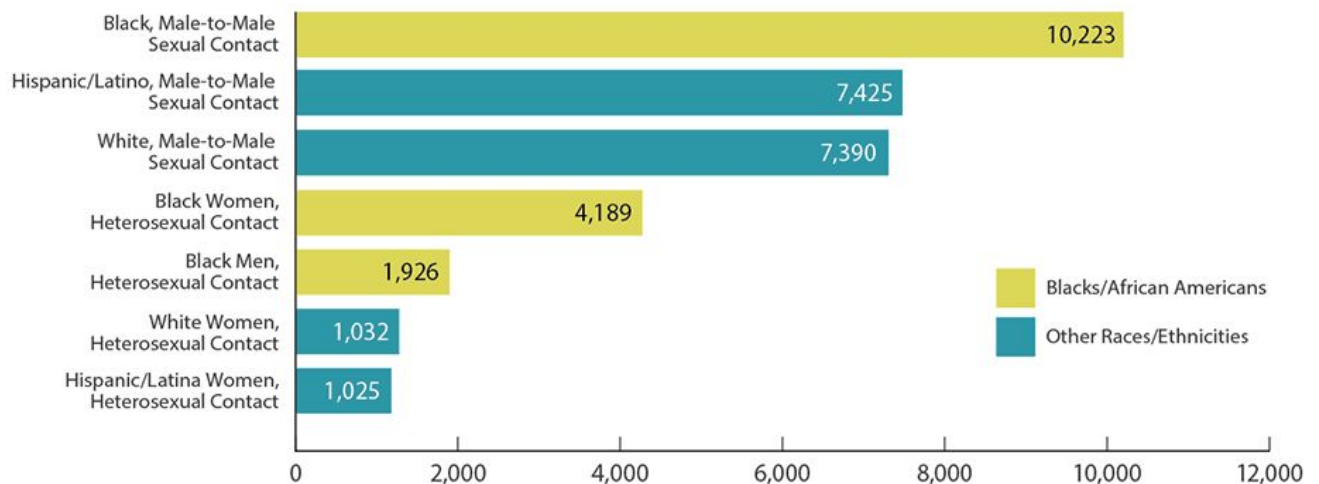
Gallup-Healthways Well-Being Index

Jan. 2, 2013-Aug. 8, 2014

GALLUP®

### 20:10 Racial Disparities in HIV Prevalence

HIV Diagnoses in the United States for the Most-Affected Subpopulations, 2016



Source: CDC. [Diagnoses of HIV infection in the United States and dependent areas, 2016](#). HIV Surveillance Report 2017:28.

Subpopulations representing 2% or less of HIV diagnoses are not reflected in this chart.

We know that there is a higher prevalence of HIV/AIDS among population of color in the United States, than non-hispanic whites. A recent [study](#) also debunks some of the myths surrounding why this racial disparity may exist. Additionally, HIV is a problem among [incarcerated populations](#), and we know that black men are incarcerated at higher rates than any other group in America.

<https://www.cdc.gov/hiv/group/raciaethnic/africanamericans/index.html>

### 21:55 Leading Causes of Death by Gender and Race in 2015-- [CDC](#)

### All Males by Race/Ethnicity

Rank	All Races	White	Black	American Indian/ Alaska Native	Asian/ Pacific Islander	Hispanic
1	Heart disease 24.4%	Heart disease 24.6%	Heart disease 23.9%	Heart disease 19.2%	Cancer 26.1%	Heart disease 20.6%
2	Cancer 22.8%	Cancer 23.0%	Cancer 21.4%	Cancer 17.0%	Heart disease 22.8%	Cancer 20.2%
3	Unintentional injuries 6.8%	Unintentional injuries 6.8%	Unintentional injuries 6.5%	Unintentional injuries 13.1%	Stroke 6.4%	Unintentional injuries 10.3%
4	Chronic lower respiratory diseases 5.3%	Chronic lower respiratory diseases 5.6%	Stroke 4.9%	Chronic liver disease 5.7%	Unintentional injuries 5.5%	Stroke 4.6%
5	Stroke 4.2%	Stroke 4.1%	Homicide 4.9%	Diabetes 5.5%	Diabetes 3.9%	Diabetes 4.5%
6	Diabetes 3.1%	Diabetes 2.9%	Diabetes 4.2%	Suicide 4.1%	Influenza & pneumonia 3.3%	Chronic liver disease 4.2%
7	Suicide 2.5%	Alzheimer's disease 2.6%	Chronic lower respiratory diseases 3.2%	Chronic lower respiratory diseases 3.9%	Chronic lower respiratory diseases 3.2%	Chronic lower respiratory diseases 2.7%
8	Alzheimer's disease 2.5%	Suicide 2.6%	Kidney disease 2.7%	Stroke 2.9%	Suicide 2.6%	Suicide 2.6%
9	Influenza & pneumonia 2.0%	Influenza & pneumonia 2.0%	Septicemia 1.9%	Homicide 2.2%	Alzheimer's disease 2.0%	Homicide 2.4%
10	Chronic liver disease 1.9%	Chronic liver disease 1.9%	Influenza & pneumonia 1.7%	Influenza & pneumonia 1.8%	Kidney disease 2.0%	Alzheimer's disease 2.1%

### All Females by Race/Ethnicity

Rank	All Races	White	Black	American Indian/ Alaska Native	Asian/Pacific Islander	Hispanic
1	Heart disease 22.3%	Heart disease 22.3%	Heart disease 23.1%	Cancer 18.4%	Cancer 26.6%	Cancer 22.1%
2	Cancer 21.1%	Cancer 20.8%	Cancer 22.0%	Heart disease 17.0%	Heart disease 19.9%	Heart disease 19.9%
3	Chronic lower respiratory diseases 6.2%	Chronic lower respiratory diseases 6.7%	Stroke 6.4%	Unintentional injuries 8.3%	Stroke 8.2%	Stroke 6.5%
4	Stroke 6.1%	Alzheimer's disease 6.1%	Diabetes 4.5%	Diabetes 6.0%	Alzheimer's disease 4.7%	Alzheimer's disease 5.4%
5	Alzheimer's disease 5.7%	Stroke 6.0%	Alzheimer's disease 3.8%	Chronic lower respiratory diseases 5.5%	Diabetes 4.0%	Diabetes 4.7%
6	Unintentional injuries 4.0%	Unintentional injuries 4.1%	Chronic lower respiratory diseases 3.3%	Chronic liver disease 5.4%	Unintentional injuries 3.3%	Unintentional injuries 4.6%
7	Diabetes 2.7%	Diabetes 2.4%	Unintentional injuries 3.2%	Stroke 4.3%	Influenza & pneumonia 3.3%	Chronic lower respiratory diseases 3.1%
8	Influenza & pneumonia 2.3%	Influenza & pneumonia 2.3%	Kidney disease 3.1%	Alzheimer's disease 2.5%	Chronic lower respiratory diseases 2.6%	Chronic liver disease 2.3%
9	Kidney disease 1.8%	Kidney disease 1.7%	Septicemia 2.3%	Kidney disease 2.2%	Kidney disease 2.1%	Influenza & pneumonia 2.2%
10	Septicemia 1.6%	Septicemia 1.5%	Hypertension 2.0%	Septicemia 1.9%	Hypertension 1.9%	Kidney disease 2.1%

## 26:00 Food Insecurity

Food insecurity is a problem that not only affects people of color, but poor people as well in the U.S. You'll recall from the Economic Justice episode with Nathaniel Smith that 85% of Metro Atlanta's poor live in suburban areas, often with limited access to public transportation and healthy, fresh food. Atlanta's [Center for Civic Innovation](#) started a Food Innovation Fellowship to help combat this problem, and the Fellows have done amazing work so far! Check it out! Also here's another awesome [TED Talk](#).



I would also like to send a shoutout to [Love Beyond Walls](#) and the work that they do to alleviate hunger in Atlanta in the spirit of Dr. King's Poor People's Campaign.

### **30:45 Black Panther Party and Healthcare**

Read this [book](#) about the BPP's fight to give people healthcare!

That's all for this week's episode--for more information I highly suggest watching this [Community Conversation](#), Race and Poverty in Healthcare, held in February by WABE at Morehouse School of Medicine.