The Economic Costs of Racism: Spotlight on Health

David R. Williams, PhD, MPH
Florence & Laura Norman Professor of Public Health
Professor of African & African American Studies and of Sociology
Harvard University
Racism is Costly in Terms of Health
A Global Phenomenon

In race-conscious societies, such as,

- Australia
- Brazil
- New Zealand
- South Africa
- the U.K.
- United States,

non-dominant racial groups have worse health than the dominant racial group.
Life Expectancy, Indigenous Men

Maori, Aboriginal, First Nation, Am Indian & Alaskan Native; Bramley et al. 2004
Infant Mortality by Ethnicity
England and Wales, 2005

Deaths under age 1 per 1,000 live births; Office for National Statistics, 2008
Pattern

Minorities get sick at younger ages, have more severe illness and die sooner than Whites
## Allostatic Load

<table>
<thead>
<tr>
<th>10 biomarkers</th>
<th>High-risk thresholds *</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Systolic blood pressure</td>
<td>127 mm HG</td>
</tr>
<tr>
<td>2. Diastolic blood pressure</td>
<td>80 mm HG</td>
</tr>
<tr>
<td>3. Body Mass Index</td>
<td>30.9</td>
</tr>
<tr>
<td>4. Glycated hemoglobin</td>
<td>5.4%</td>
</tr>
<tr>
<td>5. Albumin</td>
<td>4.2 g/dL</td>
</tr>
<tr>
<td>6. Creatinine clearance</td>
<td>66 mg/dL</td>
</tr>
<tr>
<td>7. Triglycerides</td>
<td>168 mg/dL</td>
</tr>
<tr>
<td>8. C-reactive protein</td>
<td>0.41 mg/dL</td>
</tr>
<tr>
<td>9. Homocysteine</td>
<td>9 µmol/L</td>
</tr>
<tr>
<td>10. Total cholesterol</td>
<td>225</td>
</tr>
</tbody>
</table>

* = < 25\textsuperscript{th} percentile for creatinine clearance; >75\textsuperscript{th} percentile for others

Geronimus, et al., AJPH, 2006
Mean Score on Allostatic Load by Age

Geronimus, et al., AJPA, 2006
Racial/Ethnic Disparities in Health: More than just Socioeconomic Status
<table>
<thead>
<tr>
<th>Group</th>
<th>White</th>
<th>Black</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>53.4</td>
<td>48.4</td>
<td>5.0</td>
</tr>
</tbody>
</table>
## Life Expectancy At Age 25

<table>
<thead>
<tr>
<th>Group</th>
<th>White</th>
<th>Black</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>53.4</td>
<td>48.4</td>
<td>5.0</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. 0-11 Years</td>
<td>50.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. High School Grad</td>
<td>54.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Some College</td>
<td>55.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. College Grad</td>
<td>56.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difference</td>
<td>6.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Murphy, NVSS 2000; Braveman et al. AJPH, 2010; NLMS 1988-1998
## Life Expectancy At Age 25

<table>
<thead>
<tr>
<th>Group</th>
<th>White</th>
<th>Black</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>53.4</td>
<td>48.4</td>
<td>5.0</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. 0-11 Years</td>
<td>50.1</td>
<td>47.0</td>
<td></td>
</tr>
<tr>
<td>b. High School Grad</td>
<td>54.1</td>
<td>49.9</td>
<td></td>
</tr>
<tr>
<td>c. Some College</td>
<td>55.2</td>
<td>50.9</td>
<td></td>
</tr>
<tr>
<td>d. College Grad</td>
<td>56.5</td>
<td>52.3</td>
<td></td>
</tr>
<tr>
<td>Difference</td>
<td>6.4</td>
<td>5.3</td>
<td></td>
</tr>
</tbody>
</table>

Murphy, NVSS 2000; Braveman et al. AJPH, 2010; NLMS 1988-1998
# Life Expectancy At Age 25

<table>
<thead>
<tr>
<th>Group</th>
<th>White</th>
<th>Black</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>53.4</td>
<td>48.4</td>
<td>5.0</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. 0-11 Years</td>
<td>50.1</td>
<td>47.0</td>
<td>3.1</td>
</tr>
<tr>
<td>b. High School Grad</td>
<td>54.1</td>
<td>49.9</td>
<td>4.2</td>
</tr>
<tr>
<td>c. Some College</td>
<td>55.2</td>
<td>50.9</td>
<td>4.3</td>
</tr>
<tr>
<td>d. College Grad</td>
<td>56.5</td>
<td>52.3</td>
<td>4.2</td>
</tr>
<tr>
<td>Difference</td>
<td>6.4</td>
<td>5.3</td>
<td></td>
</tr>
</tbody>
</table>

Murphy, NVSS 2000; Braveman et al. AJPH, 2010; NLMS 1988-1998
Racism and Health: Mechanisms

• Institutional discrimination can restrict access to quality education and jobs that create group differences in SES

• Segregation can create pathogenic residential conditions.

• Conscious and Unconscious discrimination can lead to reduced access to desirable goods and services.

• Internalized racism (acceptance of society’s negative characterization) can adversely affect health.

• Racism can create conditions that increase exposure to traditional stressors (e.g. unemployment).

• Experiences of discrimination may be a neglected psychosocial stressor.
Residential Segregation is a place-based example of Institutional Discrimination that has pervasive adverse effects on health.
Racial Segregation Is …

1. …"basic" to understanding racial inequality in America (Myrdal 1944).

2. …key to understanding racial inequality (Kenneth Clark, 1965).

3. …the "linchpin" of U.S. race relations and the source of the large and growing racial inequality in SES (Kerner Commission, 1968).

4. …"one of the most successful political ideologies" of the last century and "the dominant system of racial regulation and control" in the U.S (John Cell, 1982).

5. …"the key structural factor for the perpetuation of Black poverty in the U.S." and the "missing link" in efforts to understand urban poverty (Massey and Denton, 1993).
How Segregation Can Affect Health

1. Segregation determines quality of education and employment opportunities.

2. Segregation can create pathogenic neighborhood and housing conditions.

3. Conditions linked to segregation can constrain the practice of health behaviors and encourage unhealthy ones.

4. Segregation can adversely affect access to high-quality medical care.

Source: Williams & Collins, 2001
Residential Segregation and SES

A national 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
Racial Differences in Residential Environment

- In the 171 largest cities in the U.S., there is not even one city where whites live in ecological equality to blacks in terms of poverty rates or rates of single-parent households.

- “The worst urban context in which whites reside is considerably better than the average context of black communities.” p.41

Sampson & Wilson 1995

Segregation Index

South Africa 90
Detroit 85
Milwaukee 82
New York 81
Chicago 80
Newark 80
Cleveland 77
U.S. 66

Massey 2004; Iceland et al. 2002; Glaeser & Vigdor 2001
Perceived Discrimination:

Experiences of discrimination are a neglected psychosocial stressor.
Every Day Discrimination

In your day-to-day life how often have any of the following things happened 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 et al

- **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)
Costs of Inaction

Social Disparities in health are really costly to our society

- 176,633 deaths averted due to declines in mortality
- Assume all the decline is due to medical advances
- If the death rates of blacks and whites were identical, 886,202 deaths would have been averted
- 5 deaths could be averted by reducing racial disparities for every life saved by medical advances
- Eliminating disparities in health would save more lives than current advances in medical technology

Woolf, S. et al 2004, AJPH

Cumulative U.S. Deaths Averted

- Due to Medical Advances
- Due to Reducing Disparities

Woolf, S. et al 2004, AJPH
Economic Costs of Inaction
Total Costs of Racial Disparities, 2003-2006

- Medical Care Costs = $229.4 Billion
- Lower worker productivity & premature death costs = $1,008 Trillion
- **Total Costs** = $1.24 Trillion
- More than GDP of India (12th largest economy)
- $309.3 Billion annual loss to the economy
- Social Justice can be cost effective
- Doing nothing has a cost that we should not continue to bear

LaVeist et al. 2009, Joint Center for Political & Economic Studies
Expected economic gains from reducing education differences in health

If all Americans had the better health of college graduates, they would live longer and healthier lives. These improvements would translate into gains of $1.007 trillion annually.

“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”

A Call to Action

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.”

Margaret Mead