

Why we need to look back in order to move forward

Health Policy Institute of Ohio

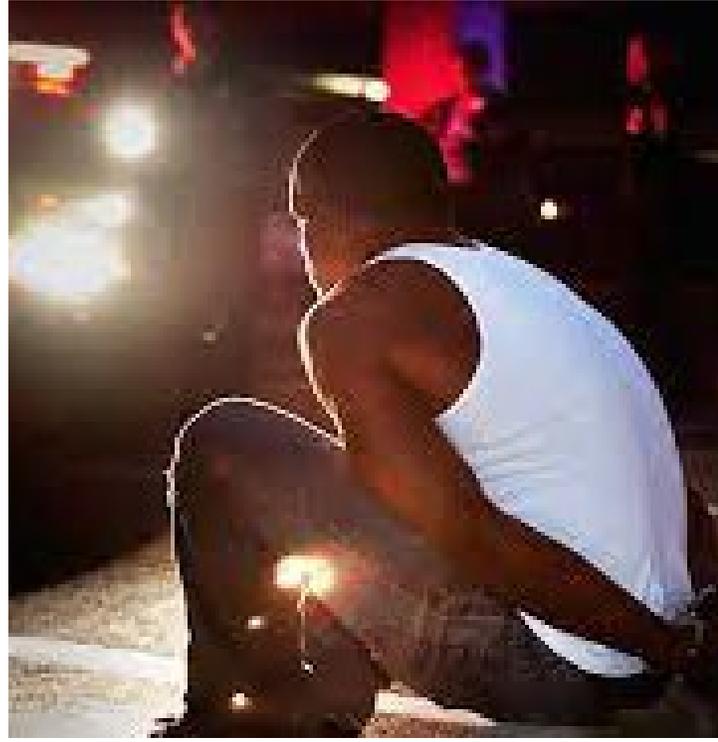
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Black Lives Matter?

- Protests
- Marches
- Arrests
- Activism
- Day-to-Day living
- Health – Mental, Physical, Emotional well-being of people of color



Anxiety, Race, and Health

Mental Health Disparities

- African Americans are more likely to experience a mental disorder than their white counterparts, but are less likely to receive treatment (SAMSHA Surgeon General's Report).
- Culture biases against mental health professionals and health care professionals in general prevent many African Americans from accessing care due to prior experiences with historical misdiagnoses, inadequate treatment, and a lack of cultural understanding; only 2% of psychiatrists, 2% of psychologists and 4% of social workers in the U.S. are African American. (NAMI)
- In Ohio, it is imperative to be aware of mental health disparities, especially since 15 percent of the African American population is uninsured, while 40 percent live in poverty.

Policy Matters Ohio

- In 2018, according to the study, over 700,000 Ohioans live in “deep poverty,” meaning they have incomes under half of the federal poverty level.
- Black Ohioans are 2.6 times more likely to live in poverty than white residents. And they’re 30 percent more likely to die from heart disease than white residents.
- Ohio ranks 47th in the country for how poorly the health of lower income residents compared to higher income Ohioans.
- Policy Matters Ohio recommended three changes on the state level, including investing in education, increasing the minimum wage and access to public benefits, and target state investments in those areas of concentrated poverty.

Policy Matters Ohio

- **Ohio's poor health relates in part to a divide between lower- and upper-income Ohioans.** In its “disparity index,” the 2018 Commonwealth Scorecard on State Health System Performance ranked Ohio 47th in the nation for how poorly the health of our lower-income residents compared to that of our higher-income residents.” Low-income Ohioans are far more likely to report having fair/poor health, losing teeth, smoking, and being obese than their wealthier counterparts in the state. Access to health care for low-income households is an important piece of solving the health divide puzzle, but it is not the whole picture.

Poverty & Low-Income Housing



Stress

- **Stress is a side-effect of poverty.** Numerous researchers have found an association between low socioeconomic status, high stress and poor health.
- There are two kinds of stress, according to researchers:
 - (1) exposure to life events that require adaptation (i.e. divorce, job loss) and
 - (2) a state occurring when demands appear to exceed a person's abilities to cope with those demands.
- People at low-income levels are more likely to encounter these kinds of negative events and encounter them more often. They also feel less control over the outcome when they do occur and have fewer social and psychological resources to cope with them.
- Wealthier people, on the other hand, have greater opportunity to form, maintain, and access social networks that can buffer the effects of stressful life events.



Stress

Survival

- **For low-income individuals, “survival” or “scarcity” stress is chronic.** Having few personal financial resources or living in a community that lacks basic services can lead to worry and instability. Small hiccups can become personal catastrophes for people already struggling.
- Car problems, for instance, can turn into loss of a job. This sort of worry isn’t just another inconvenience—it makes people sick. “Survival” stress experienced by low-income individuals is biologically distinct from other sorts of stress, and brings about toxic hormonal responses and metabolic changes that leave people susceptible to disease and poor health. Stress alters neuroendocrine and immune responses. Chronic stress—frequent or prolonged adversity—can put people at greater risk for illnesses such as gastrointestinal disorder, heart attacks and susceptibility to infectious agents. It can also lead to poor mental health, depression and obesity.

Racism and Segregation

- Given the connections between poverty and health, and that poverty rates for black Ohioans are 2.6 times higher than white poverty rates, it is no surprise African-Americans in Ohio are less healthy, on average, than white Ohioans. However, the difference between the health of black and white Ohioans is often greater than the difference between lower- and higher-income Ohioans, suggesting there is more to the health story than just poverty itself. The health divide between black and white Americans has been attributed not only to economic disadvantages but also racial barriers faced by the black community.
- Ohio has a serious housing segregation problem. As a state, Ohio ranks 8th, worst in the nation for black-white residential segregation. Cleveland and Cincinnati are two of the most segregated communities in the nation. High rates of concentrated poverty in racially-segregated communities create a feedback loop for generational poverty that is amplified by lack of resources in those communities to ameliorate health-damaging conditions and create health-enhancing opportunities.
- Segregated neighborhoods are less safe. Segregation produces health-damaging neighborhood conditions, including those that promote violence and limit educational and employment opportunities. In turn, segregated areas have high rates of unemployment and low wages, and the chronic stress associated with those factors. Stress and neighborhood violence in segregated communities also lead to riskier health practices. Where neighborhood safety is questionable, for instance, people engage in less physical exercise. Studies have shown residential segregation, by race, is associated with unhealthy weight gain for African-Americans.
- Stress from racism leads to hypertension, and hypertension leads to heart disease. In their review of the existing scientific literature, Hicken et al. found numerous studies show elevated blood pressure and cardiovascular activity in response to racism, and that continued subtle experiences of racial and ethnic bias correlate to chronic stress and hypertension. Hypertension is a leading cause of heart disease.

The Link between Social Determinants of Health and Antiracism

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes
 Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

**LISTEN TO
BLACK PEOPLE**