Eliminating health disparities is the key public health problem in the 21st century.
The problem of “Othering” is the problem of the 21st century.
Othering is a generalized set of common processes that can engender health marginality and inequality across any of the full range of human differences.
The opposite of Othering is not “saming.” It is belonging.
Structural marginalization limits opportunity

We can define opportunity through access to:

- Education
- Economic
- Transportation
- Food
- Housing
- Justice
- Healthcare
- Communications

This is an issue of membership and belonging.
We are all situated within structures but not evenly.

Structures are not neutral.

Power gives us greater positive access to structures and more ability to shape structures.

These structures interact in ways that produce a differential in outcomes.
EQUITY
Structural inequity & othering is created by different groups and people having different pathways with structural roadblocks to reach a goal.

Targeted universalism directs attention to pathways different groups face & suggests structural changes to make those paths smoother.
Why Targeted Universalism
Why Targeted Universalism

Some people ride the “Up” escalator to reach opportunity. Others have to run up the “Down” escalator to get there.
1. Articulate a particular goal based upon a robust understanding and analysis of the problem at hand.
2. Assess difference of general population from universal goal.
3. Assess particular geographies and population segments divergence from goal.
4. Assess barriers to achieving the goal for each group/geography.
5. Craft targeted processes to each group to reach universal goal.
Why Targeted Universalism
Medical care is insufficient for ensuring better health outcomes. Around 90% of contributors to better health outcomes are social determinants of health.
Social Determinants of Race

- Concentrated poverty
- School quality
- Housing quality
- Exposure to toxins
- Air and water quality
- Physical hazards
- Neighborhood blight
- Segregation
- Violence and disorder
## 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>

* = < 25th percentile for creatinine clearance; >75th percentile for others

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

Geronimus, et al., AJPA, 2006
Health ≠ Healthcare
Where you live matters. It matters a lot!
Health and Space

- Your environment has a profound impact on your access to opportunity.
- Both your environment and your access to opportunity have a profound impact on your health.
Spatial, Racial, and Opportunity Segregation Impact a Number of Life Opportunities

Neighborhood Segregation

- Health
- School segregation
- Educational achievement
- Exposure to crime; arrest
- Transportation limitations and other inequitable public services
- Job segregation
- Racial stigma and other psychological issues
- Community power and individual assets
### Differences in Health Outcome Measures among Counties and for Racial/Ethnic Groups in Washington

<table>
<thead>
<tr>
<th></th>
<th>Healthiest WA County</th>
<th>Least Healthy WA County</th>
<th>AI/AN</th>
<th>Asian/PI</th>
<th>Black</th>
<th>Hispanic</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Premature Death</strong> (years lost/100,000)</td>
<td>4,600</td>
<td>10,300</td>
<td>12,200</td>
<td>3,200</td>
<td>7,800</td>
<td>4,300</td>
<td>5,700</td>
</tr>
<tr>
<td><strong>Poor or Fair Health</strong> (%)</td>
<td>11%</td>
<td>18%</td>
<td>24%</td>
<td>9%</td>
<td>21%</td>
<td>26%</td>
<td>12%</td>
</tr>
<tr>
<td><strong>Poor Physical Health Days</strong> (avg)</td>
<td>3.3</td>
<td>4.6</td>
<td>6.6</td>
<td>2.1</td>
<td>4.0</td>
<td>3.8</td>
<td>3.7</td>
</tr>
<tr>
<td><strong>Poor Mental Health Days</strong> (avg)</td>
<td>3.6</td>
<td>4.6</td>
<td>5.3</td>
<td>2.2</td>
<td>4.2</td>
<td>3.5</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Low Birthweight</strong> (%)</td>
<td>3%</td>
<td>7%</td>
<td>8%</td>
<td>8%</td>
<td>10%</td>
<td>6%</td>
<td>6%</td>
</tr>
</tbody>
</table>
King County, 2013-2015

Based on Group Health Community Needs Assessment
### Total Poverty in Washington by Race & Ethnicity

<table>
<thead>
<tr>
<th>Location</th>
<th>Race</th>
<th>Data Type</th>
<th>2009 - 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington</td>
<td>American Indian and Alaska Native</td>
<td>Percent</td>
<td>26.4%</td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td>Percent</td>
<td>12.1%</td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>Percent</td>
<td>25.0%</td>
</tr>
<tr>
<td></td>
<td>Hispanic or Latino</td>
<td>Percent</td>
<td>27.1%</td>
</tr>
<tr>
<td></td>
<td>Multiracial</td>
<td>Percent</td>
<td>16.9%</td>
</tr>
<tr>
<td></td>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>Percent</td>
<td>16.5%</td>
</tr>
<tr>
<td></td>
<td>White (Non-Hispanic/Latino)</td>
<td>Percent</td>
<td>10.4%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>Percent</td>
<td>13.4%</td>
</tr>
</tbody>
</table>

**Kids Count Data**
Rural Poverty

Living in Concentrated Poverty

Rural Americans who are poor are much more likely to live in high poverty counties (more than 20% poor) than poor who live in cities.

Nationwide, 2006-2010

Tracey Farrigan, Department of Agriculture's Economic Research Service
The Sick Side of Town: How Place Shapes Disparities in Health, Robin Pearce & Haas Institute
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, over-policing, and criminalization).

Experiences of discrimination may be a neglected psychosocial stressor.
Opportunity structures can affect our bodies.

Example: Children exposed to racial trauma early are more likely to contract asthma when exposed to toxic air.

Childhood trauma has a profound effect on brain development and health outcomes, which can lead to additional issues in children (behavioral, PTSD, etc.).

Example: Children exposed to high levels of violence are more likely to have elevated asthma incidences.
• Everyday discrimination is 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)

See also David R. Williams, “The House That Racism Built: Consequences and Opportunities for Health Equity”
Health and Networks

**Family Networks:** self-reinforcing wealth transmission

**Social Networks:** self-reinforcing income (jobs) transmission

**Neighborhood Networks:** self-reinforcing public goods that rely on wealth and income

**Institutional Networks:** selecting for admission
Social Isolation on Health Outcomes

The *immigrant health paradox*:

- Recent new immigrants have, on average, better health than native-born Americans, even when though they are poorer.
- Over time, their health outcomes become markedly worse. Isolation increases risk for cardiovascular disease, infectious diseases, diabetes, and strokes.
- If your environment gives you cues that you are not valuable and have little prospects for a good future, you internalize that devaluation.
- Strong social networks and hopefulness promote better health.
Race and Networks

Connections to Community Leaders

South Shore – almost 50% isolates and three cliques

Hegewisch – cohesion dominates (<10% isolated)

Black

White/Asian

[Robert Sampson 2012]
Average Family Wealth by Race/Ethnicity, 1963–2016

1983, white families held 5x more wealth than black families

1983, white families held 5x more wealth than Hispanic families

2016 7x more

2016 5x more
Resilience and Belonging

Shoalwater Bay Tribe

Exclusion  Integration  Inclusion
How to measure progress
For more information, visit:
http://www.iupress.indiana.edu/catalog/806639

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