28th Annual Brucker Lecture:
Understanding the Role of Social Determinants in Persistent Health Disparities

Denise V. Rodgers, MD, FAAFP
RBHS Vice Chancellor for Interprofessional Education
October 28, 2020
Coping with Coronavirus

A webinar series created with you in mind.

Managing Distress and Trauma for Essential Workers During COVID-19
Protests grip Philadelphia, leaving officers injured and stores damaged, after police kill a Black man

Wallace was one of at least 804 people shot and killed by police this year as of Monday, according to The Washington Post’s police shootings database, which tracks such incidents nationwide. One in five fatal shootings by police this year involved people who were suffering from mental health issues or in the midst of a crisis.
What Is a Health Disparity?

The CDC defines a health disparity as a preventable difference in the burden of disease, injury and violence (Center for Disease Control and Prevention, 2018). In addition, disparities are involved with access to adequate health care due to social status, gender or race/ethnicity (Center for Disease Control and Prevention, 2018). Health disparities can also be defined as differences in incidence, prevalence, mortality and disease burden that exist amongst different populations in the United States (American Psychological Association, 2018). The American Psychological Association also identifies health disparities as a difference in health outcomes as a result of unnecessary and avoidable issues due to social and economic status (American Psychological Association, 2018).

https://courses.lumenlearning.com/suny-buffalo-environmentalhealth/chapter/what-is-a-health-disparity/
NICE DAY!

EASY FOR YOU TO SAY.
BUT NOT FOR YOU?

NO. MY KIND IS DYING OFF.
MAN, MY PEER GROUP'S SURE GETTING HAMMERED LATELY...

WHAT PEER GROUP'S THAT?
MIDDLE-AGE WHITES. THE MORTALITY RATE'S SOARING!
THEY'RE CALLED DEATHS OF DESPAIR - FROM DRUGS, ALCOHOL OR SUICIDE - DRIVEN BY ECONOMIC AND SOCIAL DISTRESS.
ODDLY, IT DOESN'T SEEM TO AFFECT BLACKS OR LATINOS.

NOTHIN' ODD ABOUT IT, MAN...
WE'VE ALWAYS LIVED DISTRESSED LIVES. WE'RE USED TO IT.
SO... BLACK PRIVILEGE.

ABSOLUTELY. WE'RE LUCKY THAT WAY.
Trends in premature mortality in the USA by sex, race, and ethnicity from 1999 to 2014: an analysis of death certificate data

Meredith S Shiels, Pavel Chernyavskiy, William F Anderson, Ana F Best, Emily A Haozous, Patricia Hartge, Philip S Rosenberg, David Thomas, Neal D Freedman*, Amy Berrington de Gonzalez*
Findings  Between 1999 and 2014, premature mortality increased in white individuals and in American Indians and Alaska Natives. Increases were highest in women and those aged 25–30 years. Among 30-year-olds, annual mortality increases were 2·3% (95% CI 2·1–2·4) for white women, 0·6% (0·5–0·7) for white men, and 4·3% (3·5–5·0) and 1·9% (1·3–2·5), respectively, for American Indian and Alaska Native women and men. These increases were mainly attributable to accidental deaths (primarily drug poisonings), chronic liver disease and cirrhosis, and suicide. Among individuals aged 25–49 years, an estimated 111 000 excess premature deaths occurred in white individuals and 6600 in American Indians and Alaska Natives during 2000–14. By contrast, premature mortality decreased substantially across all age groups in Hispanic individuals (up to 3·2% per year), black individuals (up to 3·9% per year), and Asians and Pacific Islanders (up to 2·6% per year), mainly because of declines in HIV, cancer, and heart disease deaths, resulting in an estimated 112 000 fewer deaths in Hispanic individuals, 311 000 fewer deaths in black individuals, and 34 000 fewer deaths in Asians and Pacific Islanders aged 25–64 years. During 2011–14, American Indians and Alaska Natives had the highest premature mortality, followed by black individuals.
Findings

Between 1999 and 2014, premature mortality increased in white individuals and in American Indians and Alaska Natives. Increases were highest in women and those aged 25–30 years. Among 30-year-olds, annual mortality increases were 2.3% (95% CI 2.1–2.4) for white women, 0.6% (0.5–0.7) for white men, and 4.3% (3.5–5.0) and 1.9% (1.3–2.5), respectively, for American Indian and Alaska Native women and men.

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LOGAN, WEST VIRGINIA
(data from 2010 census)

TOTAL POPULATION 1,779

- WHITE 92%
- BLACK/AA 5%
- HISPANIC 2%
LOGAN, WEST VIRGINIA (data from 2010 census)

PER CAPITA INCOME $15,913

- POVERTY RATE 21%
- POOR FAMILIES 18%
- CHILDREN IN POVERTY 29%
- AGE >65 IN POVERTY 10%
Life Expectancy in Logan, West Virginia

**My Area**
Census Tract
Reference number: 54045956900

- **50 - 100 YEARS**
  - **56.90 YEARS**

**Logan County**

- **50 - 100 YEARS**
  - **72.22 YEARS**

**West Virginia**

- **50 - 100 YEARS**
  - **75.30 YEARS**

**United States**

- **50 - 100 YEARS**
  - **78.80 YEARS**
More cities in WV join opioid lawsuits

By COURTNEY HESSLER   Mar 17, 2018   (1)
Purdue Pharma agrees to plead guilty to federal criminal charges in settlement over opioid crisis

DOJ announces $8.3 billion settlement with OxyContin maker

Number and age-adjusted rates of drug overdose deaths by state, US 2018

<table>
<thead>
<tr>
<th>Location</th>
<th>Range Category</th>
<th>2018 Age-Adjusted Rate</th>
<th>2018 Number Of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Virginia</td>
<td>21.1 to 57.0</td>
<td>51.5</td>
<td>856</td>
</tr>
<tr>
<td>South Dakota</td>
<td>6.9 to 11.0</td>
<td>6.9</td>
<td>57</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>21.1 to 57.0</td>
<td>36.1</td>
<td>4,415</td>
</tr>
<tr>
<td>New Jersey</td>
<td>21.1 to 57.0</td>
<td>33.1</td>
<td>2,900</td>
</tr>
</tbody>
</table>

Figure 26. Drug overdose death rates among persons aged 15 years and over, by sex and age: United States, 2006–2016

NOTES: Drug overdose deaths are identified using International Classification of Diseases, 10th Revision (ICD–10) underlying cause of death codes X40–X44 (unintentional drug poisoning), X60–X64 (suicide by drug poisoning), X85 (homicide by drug poisoning), and Y10–Y14 (drug poisoning of undetermined intent). See data table for Figure 26.
Excel and PowerPoint: https://www.cdc.gov/nchs/hus/contents2017.htm#Figure_026
NOTE: Suicide deaths are identified using *International Classification of Diseases, 10th Revision* (ICD–10) underlying cause of death codes U03, X60–X84, and Y87.0.

SOURCE: NCHS, *Health, United States, 2017*, Figure 28. Data from the National Vital Statistics System (NVSS), Mortality.
More than 40 states have reported increases in opioid-related mortality as well as ongoing concerns for those with a mental illness or substance use disorder. This issue brief underscores the need to remove barriers to evidence-based treatment for those with a substance use disorder as well as for harm reduction services, including sterile needle and syringe services and naloxone.
Findings  Between 1999 and 2014, premature mortality increased in white individuals and in American Indians and Alaska Natives. Increases were highest in women and those aged 25–30 years. Among 30-year-olds, annual mortality increases were 2·3% (95% CI 2·1–2·4) for white women, 0·6% (0·5–0·7) for white men, and 4·3% (3·5–5·0) and 1·9% (1·3–2·5), respectively, for American Indian and Alaska Native women and men. These increases were mainly attributable to accidental deaths (primarily drug poisonings), chronic liver disease and cirrhosis, and suicide. Among individuals aged 25–49 years, an estimated 111 000 excess premature deaths occurred in white individuals and 6600 in American Indians and Alaska Natives during 2000–14. By contrast, premature mortality decreased substantially across all age groups in Hispanic individuals (up to 3·2% per year), black individuals (up to 3·9% per year), and Asians and Pacific Islanders (up to 2·6% per year), mainly because of declines in HIV, cancer, and heart disease deaths, resulting in an estimated 112 000 fewer deaths in Hispanic individuals, 311 000 fewer deaths in black individuals, and 34 000 fewer deaths in Asians and Pacific Islanders aged 25–64 years. During 2011–14, American Indians and Alaska Natives had the highest premature mortality, followed by black individuals.
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Downtown Stilwell, Oklahoma

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian alone</td>
<td>48.6%</td>
<td>1,977</td>
</tr>
<tr>
<td>White alone</td>
<td>25.7%</td>
<td>1,046</td>
</tr>
<tr>
<td>Hispanic</td>
<td>14.7%</td>
<td>596</td>
</tr>
<tr>
<td>Two or more races</td>
<td>11.3%</td>
<td>459</td>
</tr>
<tr>
<td>Asian alone</td>
<td>1.2%</td>
<td>48</td>
</tr>
<tr>
<td>Black alone</td>
<td>0.02%</td>
<td>1</td>
</tr>
</tbody>
</table>

The Strawberry Capital of the World is the early death capital of the U.S.: lessons from a landmark dataset

Life Expectancy in Stilwell, Oklahoma

- **My Area**
  - Census Tract
  - Reference number: 40001376900
  - Life Expectancy: 56.30 years

- **Adair County**
  - Life Expectancy: 73.87 years

- **Oklahoma**
  - Life Expectancy: 75.70 years

- **United States**
  - Life Expectancy: 78.80 years
<table>
<thead>
<tr>
<th></th>
<th>Adair County</th>
<th>Tulsa County</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty rate (34.2 in Stilwell itself):</td>
<td>27.2%</td>
<td>14.8%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Median household income:</td>
<td>$33,325</td>
<td>$48,926</td>
<td>$46,235</td>
</tr>
<tr>
<td>Median home value:</td>
<td>$74,700</td>
<td>$136,100</td>
<td>$115,000</td>
</tr>
<tr>
<td>High school diploma:</td>
<td>78.5%</td>
<td>88.6%</td>
<td>86.7%</td>
</tr>
<tr>
<td>Bachelor’s or higher:</td>
<td>12.9%</td>
<td>30.0%</td>
<td>23.8%</td>
</tr>
<tr>
<td>Labor force participation (16 years and older):</td>
<td>53.6%</td>
<td>87.0</td>
<td>81.3</td>
</tr>
<tr>
<td>Retail sales per capita:</td>
<td>$5,535</td>
<td>$17,032</td>
<td>$13,174</td>
</tr>
<tr>
<td>Population change (last 5 years):</td>
<td>-3.0</td>
<td>+5.9</td>
<td>+4.3</td>
</tr>
</tbody>
</table>

Source: U.S. Census

Rural poverty: 'A way of life' for numerous Oklahomans

Poverty is common experience for many rural Oklahomans

By MICHAEL OVERALL World Staff Writer Aug 7, 2016

With no air conditioning, Jenifer Wilhite and her family, including her son, Ray Wichita, and her 9-month-old grandchild, Blazton, go to the front porch for relief from the summer heat in Stilwell. MIKE SIMONS/Tulsa World

Stilwell has a large Native American population — and not African American. But it’s otherwise typical of places that rank in the bottom 25 percent for life expectancy.

https://www.washingtonpost.com/business/2018/09/14/wrong-neighborhood-can-take-plus-years-off-your-life-average/?utm_term=.a473f82ce029
Those neighborhoods, where people expect to live the shortest lives, consistently meet four criteria:
They’re in the bottom 25 percent for income (60.9 %)

They’re less educated (56.7 %)

They’re in the sprawling South Census Region that stretches from Oklahoma to Delaware (52.2 %),

They’re predominantly black (51.0 %).

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US SOUTH CENSUS REGION

Select area on the map:

https://www.bls.gov/regions/southeast/south.htm
Heart Disease Death Rates, 2015-2017
Adults, Ages 35+, by County

Rates are spatially smoothed to enhance the stability of rates in counties with small populations.

Data Source:
National Vital Statistics System
National Center for Health Statistics
www.cdc.gov/dhdsp/maps
Stroke Death Rates, 2015 - 2017
Adults, Ages 35+, by County

Rates are spatially smoothed to enhance the stability of rates in counties with small populations.

Data Source:
National Vital Statistics System
National Center for Health Statistics
COVID-19 United States Cases by County  Johns Hopkins University

(as of 09/19/2020)
## Life Expectancy at Birth by State - 2018

<table>
<thead>
<tr>
<th>State</th>
<th>Life Expectancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>78.7</td>
</tr>
<tr>
<td>Hawaii</td>
<td>82.3</td>
</tr>
<tr>
<td>California</td>
<td>81.6</td>
</tr>
<tr>
<td>New York</td>
<td>81.3</td>
</tr>
<tr>
<td>Minnesota</td>
<td>80.9</td>
</tr>
<tr>
<td><strong>PENNSYLVANIA</strong></td>
<td><strong>78.3</strong></td>
</tr>
<tr>
<td>Alabama</td>
<td>75.4</td>
</tr>
<tr>
<td>Mississippi</td>
<td>74.9</td>
</tr>
<tr>
<td>West Virginia</td>
<td>74.8</td>
</tr>
</tbody>
</table>
THIS IS WHAT BLACK PRIVILEGE LOOKS LIKE
This is a Motorola cellular portable telephone.

First in the market and first in use. It's the best-selling hand-held cellular portable on earth.
3D Touch
7000 series aluminum
Strongest cover glass
64-bit A9 chip with M9
2nd-generation Touch ID
LTE Advanced and faster Wi-Fi
12MP iSight camera
4K video
5MP FaceTime HD with Retina Flash
Live Photos
Six Causes of Excess Mortality Identified in the Heckler Report

- Cancer
- Cardiovascular and Cerebrovascular Diseases
- Chemical Dependency
- Diabetes
- Homicide, Suicide and Accidents
- Infant Mortality
Six Causes of Excess Mortality Identified in the Heckler Report

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- Infant Mortality

- HIV/AIDS
Life expectancy at birth, by sex and race and Hispanic origin 2006 - 2017

Figure 2. Life expectancy at birth, by Hispanic origin, race, and sex: United States, 2006–2017

<table>
<thead>
<tr>
<th>RACE/ETHNICITY</th>
<th>ALL</th>
<th>FEMALE</th>
<th>MALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL RACES</td>
<td>78.6</td>
<td>81.1</td>
<td>76.1</td>
</tr>
<tr>
<td>WHITE</td>
<td>78.5</td>
<td>81.0</td>
<td>76.1</td>
</tr>
<tr>
<td>BLACK</td>
<td>74.9</td>
<td>78.1</td>
<td>71.5</td>
</tr>
<tr>
<td>HISPANIC</td>
<td>81.8</td>
<td>84.3</td>
<td>79.1</td>
</tr>
</tbody>
</table>

PHILADELPHIA'S COMMUNITY HEALTH ASSESSMENT

HEALTH OF THE CITY

2018

ABOUT PHILADELPHIA

POPULATION BY RACE/ETHNICITY | 2017

41% BLACK
35% WHITE
15% HISPANIC
8% ASIAN
2% OTHER

SOURCE: 2017 American Community Survey Estimates, U.S. Census Bureau
LIFE EXPECTANCY BY RACE AND SEX

<table>
<thead>
<tr>
<th>Race</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citywide</td>
<td>72.4</td>
<td>79.7</td>
</tr>
<tr>
<td>White</td>
<td>73.8</td>
<td>79.6</td>
</tr>
<tr>
<td>Black</td>
<td>69.1</td>
<td>77.9</td>
</tr>
<tr>
<td>Asian</td>
<td>88.2</td>
<td>98.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>74.7</td>
<td>84.9</td>
</tr>
</tbody>
</table>

SOURCE: 2017 Preliminary Vital Statistics, PDPH
ABOUT PHILADELPHIA

DEATH RATE | 2006–2017

AGE-ADJUSTED DEATH RATE (PER 100,000)

CITYWIDE 857.2

BLACK 959.3

WHITE 848.6

HISPANIC 695.5

ASIAN 305.9

Years:
# AGE-ADJUSTED DEATH RATES BY RACE, HISPANIC ORIGIN 2014-2016

<table>
<thead>
<tr>
<th>Race</th>
<th>Pennsylvania</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL PERSONS</td>
<td>762.9</td>
<td>728.8</td>
</tr>
<tr>
<td>WHITE NH</td>
<td>752.6</td>
<td>748.3</td>
</tr>
<tr>
<td>BLACK NH</td>
<td>936.1</td>
<td>876.6</td>
</tr>
<tr>
<td>AI/AN</td>
<td>242.0</td>
<td>593.8</td>
</tr>
<tr>
<td>ASIAN</td>
<td>386.1</td>
<td>391.9</td>
</tr>
<tr>
<td>HISPANIC</td>
<td>752.6</td>
<td>524.8</td>
</tr>
</tbody>
</table>

Figure 1. Age-adjusted death rates for persons aged 25 and over, by Hispanic origin and race:
United States, 2000–2017

1Significant decreasing trend for 2000–2012 with different rates of change over time; stable trend for 2012–2017; p < 0.05.
2Rate significantly higher than the rate for non-Hispanic white and Hispanic persons, p < 0.05.
3Significant decreasing trend for 2000–2011; stable trend for 2011–2017, p < 0.05.
4Rate significantly higher than the rate for Hispanic persons, p < 0.05.
5Significant decreasing trend for 2000–2017 with different rates of change over time; p < 0.05.

NOTE: Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db342_tables-508.pdf#1.
Based on this data, COVID-19 is now the 3rd leading cause of death in Philadelphia. 1,864 deaths as of 10/27/20
Deaths by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Deaths</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>914</td>
<td>47.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>62</td>
<td>3.4%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>170</td>
<td>11.0%</td>
</tr>
<tr>
<td>White</td>
<td>520</td>
<td>27.5%</td>
</tr>
<tr>
<td>Unknown</td>
<td>140</td>
<td>7.3%</td>
</tr>
<tr>
<td>Other</td>
<td>55</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

Death Rate by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Rate per 10,000 Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>13.7</td>
</tr>
<tr>
<td>Asian</td>
<td>5.5</td>
</tr>
<tr>
<td>Hispanic</td>
<td>7.5</td>
</tr>
<tr>
<td>White</td>
<td>9.5</td>
</tr>
</tbody>
</table>
Six Causes of Excess Mortality Identified in the Heckler Report

- Cancer
- Cardiovascular and Cerebrovascular Diseases
- Chemical Dependency
- Diabetes
- Homicide, Suicide and Accidents
- Infant Mortality

- HIV/AIDS
- COVID-19
Nationwide, Black people are dying at 2.5 times the rate of white people.

Deaths per 100,000 people by race or ethnicity:
- Black or African American: 77
- Hispanic or Latino: 42
- American Indian or Alaska Native: 41
- Asian: 33
- White: 31
- Native Hawaiian and Pacific Islander: 30
- Other: 30
- Two or more races: 3

https://covidtracking.com/race
# Leading Causes of Death 2018

Data are for the U.S.

<table>
<thead>
<tr>
<th>Number of deaths for leading causes of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Heart disease: 647,457</td>
</tr>
<tr>
<td>• Cancer: 599,108</td>
</tr>
<tr>
<td>• Accidents (unintentional injuries): 169,936</td>
</tr>
<tr>
<td>• Chronic lower respiratory diseases: 160,201</td>
</tr>
<tr>
<td>• Stroke (cerebrovascular diseases): 146,383</td>
</tr>
<tr>
<td>• Alzheimer’s disease: 121,404</td>
</tr>
<tr>
<td>• Diabetes: 83,564</td>
</tr>
<tr>
<td>• Influenza and pneumonia: 55,672</td>
</tr>
<tr>
<td>• Nephritis, nephrotic syndrome, and nephrosis: 50,633</td>
</tr>
<tr>
<td>• Intentional self-harm (suicide): 47,173</td>
</tr>
</tbody>
</table>

Leading Causes of Death 2018

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- Influenza and pneumonia: 55,672
- Nephritis, nephrotic syndrome, and nephrosis: 50,633
- Intentional self-harm (suicide): 47,173

COVID-19: 198,099 as of 09/19/20

COVID-19: 147,003 as of 7/27/20

Age-adjusted death rates for heart disease, by race and Hispanic origin: 1999–2017

- Black, not Hispanic
- White, not Hispanic
- Hispanic
- Asian or Pacific Islander, not Hispanic
All Cancers Mortality Rates by Race/Ethnicity and Sex

Philadelphia, 2016

Data Source: Pennsylvania Vital Statistics Registry
AGE ADJUSTED DEATH RATE FOR STROKE BY RACE – 2017 PER 100,000

<table>
<thead>
<tr>
<th>Race</th>
<th>2017 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE NH</td>
<td>36.4</td>
</tr>
<tr>
<td>BLACK</td>
<td>52.7</td>
</tr>
<tr>
<td>HISPANIC</td>
<td>31.8</td>
</tr>
</tbody>
</table>
AGE ADJUSTED DEATH RATE FOR DIABETES BY RACE – 2017 PER 100,000

<table>
<thead>
<tr>
<th>Race</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE NH</td>
<td>18.8</td>
</tr>
<tr>
<td>BLACK</td>
<td>37.5</td>
</tr>
<tr>
<td>HISPANIC</td>
<td>25.5</td>
</tr>
</tbody>
</table>
AGE ADJUSTED DEATH RATE FOR HOMICIDE BY RACE – 2017 PER 100,000

- WHITE NH: 2.9
- BLACK: 22.7
- HISPANIC: 5.2
AGE ADJUSTED DEATH RATE FOR HIV BY RACE – 2017 PER 100,000

- WHITE NH: 0.7
- BLACK: 6.9
- HISPANIC: 1.7
AGE ADJUSTED DEATH RATE FOR
UNINTENTIONAL INJURIES BY RACE – 2017
PER 100,000

WHITE NH: 56.2
BLACK: 47.6
HISPANIC: 32.5
AGE ADJUSTED DEATH RATE FOR POISONINGS BY RACE – 2017 PER 100,000

- WHITE NH: 25.2
- BLACK: 19.3
- HISPANIC: 10.7

Figure IV-4
Infant Mortality Rate by Mother’s Race/Ethnicity: Philadelphia, 2006 - 2016

Deaths per 1,000 Live Births

Year

- All Race/Ethnicities
- White, Non-Hispanic
- Black, Non-Hispanic
- Asian, Non-Hispanic
- Hispanic
IMR for a Black woman with a HS diploma is nearly 2X IMR for a Black woman with an advanced degree.

*Note: Number of pregnancy-related deaths per 100,000 live births per year.

https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html
Maternal mortality and morbidity in the United States of America

Priya Agrawal


Correspondence to Priya Agrawal (email: priya.agrawal@merck.com).

Maternal mortality and morbidity in the USA

• Maternal mortality ratio in 1990: 12/100,000

• Maternal mortality ratio in 2013: 28/100,000

• Approximately half of maternal deaths are preventable

Maternal mortality and morbidity in the USA

- 1200 fatal complications of pregnancy yearly
- 60,000 near fatal complications of pregnancy yearly

PREGNANCY RELATED MORTALITY BY RACE/ETHNICITY 2006-2013

Data from the Pregnancy Mortality Surveillance System
During 2011-2013 the pregnancy-related maternal mortality ratio was:

- 12.7 deaths per 100,000 live births for white women
- **43.5 deaths per 100,000 live births for black women**
- 14.4 deaths per 100,000 live births for women of other races

https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html
Looking at race/ethnicity for the nineteen pregnancy-related deaths, we see that Black, Non-Hispanic women comprise an even higher disproportionate percentage of the cases (74%) compared to the overall rate of Black, Non-Hispanic Philadelphians who gave birth in the years 2010-2012.³

The women who suffered a pregnancy-related death were predominantly of lower socio-economic status.

We need to routinely ask women of childbearing age who present for medical care if they have given birth within the past 42 days in order to help prevent maternal mortality.
What are social determinants of health?
The social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

(Social Determinants of Health Key Concepts, World Health Organization).
Health Outcomes

- Mortality (length of life): 50%
- Morbidity (quality of life): 50%

Health Factors

- Health behaviors (30%)
  - Tobacco use
  - Diet & exercise
  - Alcohol use
  - Unsafe sex

- Clinical care (20%)
  - Access to care
  - Quality of care

- Social & economic factors (40%)
  - Education
  - Employment
  - Income
  - Family & social support
  - Community safety

- Physical environment (10%)
  - Environmental quality
  - Built environment

Programs and Policies

Rutgers

http://www.countyhealthrankings.org/
Does where you live affect *how long you live*?

A ZIP code is 5 numbers meant to deliver mail to people—not indicate how long they live. Unfortunately, significant gaps in life expectancy persist across many United States cities and towns. The latest data reveals differences down to the census tract level, even for residents just a few miles or blocks apart. Explore how life expectancy in America compares with life expectancy in your area, and resources to help everyone have the opportunity to live a longer, healthier life.

Enter your street address or zip code (Example: “1234 Main Street, Anytown, NY 12345”)

FIND

Ol Boys Soul Food Restaurant

My Area
Census Tract
Reference number: 42101008302

Philadelphia County

Pennsylvania

United States
<table>
<thead>
<tr>
<th>Group</th>
<th>Median Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$61,372</td>
</tr>
<tr>
<td>Asian</td>
<td>$81,331</td>
</tr>
<tr>
<td>White</td>
<td>$68,145</td>
</tr>
<tr>
<td>Hispanic</td>
<td>$50,486</td>
</tr>
<tr>
<td>Black</td>
<td>$40,258</td>
</tr>
</tbody>
</table>
Figure 1.
Real Median Household Income by Race and Hispanic Origin: 1967 to 2017

Note: The data for 2013 and beyond reflect the implementation of the redesigned income questions. The data points are placed at the midpoints of the respective years. Median household income data are not available prior to 1967. For information on recessions, see Appendix A. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <www2.census.gov/programs-surveys/cps/techdocs/cpsmar18.pdf>.

Median household income in 2009-13
Median income ranged from $171,689 in Birmingham, Chester County, to only $14,185 in zip code 19133, which encompasses the Fairhill section of Philadelphia.
Distribution of Family Income, 1963–2016

- 10th percentile
- 50th percentile
- 90th percentile

apps.urban.org/features/wealth-inequality-charts/
## FAMILY EARNINGS BY RACE

10th Percentile

<table>
<thead>
<tr>
<th>YEAR</th>
<th>WHITE</th>
<th>BLACK</th>
<th>HISPANIC</th>
<th>ASIAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$9,999</td>
<td>$0</td>
<td>$0</td>
<td>$15,000</td>
</tr>
<tr>
<td>2012</td>
<td>$10,000</td>
<td>$0</td>
<td>$0</td>
<td>$13,200</td>
</tr>
<tr>
<td>2013</td>
<td>$12,000</td>
<td>$0</td>
<td>$1,000</td>
<td>$19,000</td>
</tr>
</tbody>
</table>

*Source: The U.S. Census Bureau, Current Population Survey, March ASEC*

*Notes: Calculations done by Chris Wimer and JaeHyun Nam, Columbia University. Earnings include salaries, wages, self-employment, and farm income*
Top factors driving the wealth gap between whites and blacks in a recent study of 1,700 working-age households from 1984 through 2009

- Years of homeownership: 27%
- Household income: 20%
- Unemployment: 9%
- Years of college education: 5%
- Financial support/inheritance: 5%
- Starting wealth in 1984: 3%

Source: IASP 2013
Disparity in Life Spans of the Rich and the Poor is Growing
(NYT Headline 02/12/16)

• Life Expectancy for the bottom 10% of male wage earners born in 1920 = 72.9 years

• Life Expectancy for the top 10% of male wage earners born in 1920 = 79.1 years

Gap = 6.2 years

http://www.brookings.edu/research/reports2/2016/02/life-expectancy-gaps-promise-social-security
Disparity in Life Spans of the Rich and the Poor is Growing
(NYT Headline 02/12/16)

- Life Expectancy for the bottom 10% of male wage earners born in 1950 = 73.6 years
- Life Expectancy for the top 10% of male wage earners born in 1950 = 87.2 years

Gap = 13.6 years

http://www.brookings.edu/research/reports2/2016/02/life-expectancy-gaps-promise-social-security
Life Expectancy at age 25, by sex and education
United States 2006

- Men Without a High School Diploma: 47 years
- Men With a HS Diploma or GED: 51 years
- Men With Some College: 52 years
- Men With a Bachelor’s or higher: 56 years

(9 year gap)
Life Expectancy at age 25, by sex and education
United States 2006

- Women Without a HS Diploma: 52 years
- Women With a HS Diploma or GED: 57 years
- Women With Some College: 58 years
- Women With Bachelor’s or higher: 60 years

(8 year gap)
Relationship Between Educational Attainment and Mortality for U.S. Adults

Understanding the role of unconscious bias and racism
What Is Unconscious Bias?

We all have shortcuts, “schemas” that help us make sense of the world. But our shortcuts sometimes make us misinterpret things. That’s unconscious bias.
Racism is Prejudice Plus Power
A GARDENER’S TALE

Jones CP. Am J Public Health 2000
“Racism is a “system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call ‘race’) that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.”

https://pediatrics.aappublications.org/content/pediatrics/144/2/e20191765.full.pdf
“Racism is a social determinant of health that has a profound impact on the health status of children, adolescents, emerging adults, and their families.”

https://pediatrics.aappublications.org/content/pediatrics/144/2/e20191765.full.pdf
Although progress has been made toward racial equality and equity, the evidence to support the continued negative impact of racism on health and well-being through implicit and explicit biases, institutional structures, and interpersonal relationships is clear.

https://pediatrics.aappublications.org/content/pediatrics/144/2/e20191765.full.pdf
Failure to address racism will continue to undermine health equity for all children, adolescents, emerging adults, and their families.

https://pediatrics.aappublications.org/content/pediatrics/144/2/e20191765.full.pdf
WHO NEEDS NIGGERS

BACK TO THE TREES, BOOGIES
SOUTHERN WHITES ARE
THE NEGROES’ BEST
FRIENDS BUT
NO INTEGRATION
WE WANT TO KEEP OUR SCHOOL WHITE
Boogaloo Boys Aim to Provoke 2nd US Civil War

By Masood Farivar
June 23, 2020 08:28 AM

FILE - People, including activists with the Boogaloo movement, rally at the State House in Concord, New Hampshire, May 2, 2020, in a protest unrelated to the George Floyd demonstrations.

MORE COVERAGE

USA
Protests Flare in Philadelphia After Police Fatally Shoot Black Man

USA
Black US Archbishop's Rise Marks a Historic Moment

USA
Third-Degree Murder Charge Dropped Against Minneapolis Officer Arrested in George Floyd's Death

https://www.voanews.com/usa/race-america/boogaloo-boys-aim-provoke-2nd-us-civil-war
A New Face of White Supremacy: Plots Expose Danger of the ‘Base’

A secret domestic terrorism investigation revealed that the violent neo-Nazi group was recruiting cells across the United States.
The Founders of Black Lives Matter: "We Gave Tongue To Something That We All Knew Was Happening"

By Collier Meyerson

November 1, 2016

From left: Alicia Garza, Opal Tometi, and Patrisse Cullors

"When we say, 'save the rainforest,' we don’t mean that we cease to honor the mighty cedars or the reaching pines. We mean that one particular piece of a deeply sacred whole is more at risk than others, and that this risk, this threat, is worthy of our very bravest actions. So it is with black lives in this country, and the message that Black Lives Matter is important so long as this nation effectively functions as if they do not."

~ Rev Nancy MacDonald Ladd, Sr. Minister of River Road Unitarian Universalist Congregation, Bethesda, MD
“Until justice is blind to color, until education is unaware of race, until opportunity is unconcerned with the color of men's skins, emancipation will be a proclamation but not a fact.”

President Lyndon B. Johnson
WE WANT WHITE TENANTS IN OUR WHITE COMMUNITY
WHAT HOUSING SEGREGATION MEANS TO THE CAPITAL'S NEGROES

"NO PROPERTY IN A WHITE SECTION SHOULD EVER BE SOLD, RENTED, ADVERTISED, OR OFFERED TO COLORED PEOPLE"
CODE OF ETHICS—WASHINGTON REAL ESTATE BOARD

The segregated Negro has little hope of leaving his racial enclosure.
THE COLOR OF LAW
A FORGOTTEN HISTORY OF HOW OUR GOVERNMENT SEGREGATED AMERICA
RICHARD ROTHSTEIN
“We have created a caste system in this country, with African Americans kept exploited and geographically separate by racially explicit government policies. Although most of these policies are now off the books, they have never been remedied and their effects endure.”

Richard Rothestein from the Preface to *The Color of Law*
Residential segregation is a fundamental cause of health disparities. We need to take steps that will reduce health risks caused by segregation and lead to more equitable, healthier communities.
PARK PLACE

RENT $35.
With 1 House $175.
With 2 Houses 500.
With 3 Houses 1100.
With 4 Houses 1300.
With Hotel $1500

Mortgage Value $175.
Houses cost $200. each
Hotels, $200. plus 4 houses

BOARDWALK

RENT $50.
With 1 House $200.
With 2 Houses 600.
With 3 Houses 1400.
With 4 Houses 1700.
With Hotel $2000

Mortgage Value $200.
Houses cost $200. each
Hotels, $200. plus 4 houses

If a player owns ALL the lots of any
**TITLE DEED**

**BALTIC AVE.**

**RENT** $4.

- With 1 House $20.
- With 2 Houses $60.
- With 3 Houses $180.
- With 4 Houses $320.
  - With HOTEL $450.

Mortgage value $30.

Houses cost $50. each

Hotels, $50. plus 4 houses

If a player owns ALL the lots of any Color-Group, the rent is Doubled on Unimproved Lots in that group.

**TITLE DEED**

**MEDITERRANEAN AVE.**

**RENT** $2.

- With 1 House $10.
- With 2 Houses $30.
- With 3 Houses $90.
- With 4 Houses $160.
  - With HOTEL $250.

Mortgage Value $30.

Houses cost $50. each

Hotels, $50. plus 4 houses

If a player owns ALL the lots of any Color-Group, the rent is Doubled on Unimproved Lots in that group.
LONG ISLAND
DIVIDED

By Ann Choi, Keith Herbert, Olivia Winslow
and project editor Arthur Browne

This project was reported by Ann Choi, Bill Dedman, Keith Herbert and Olivia Winslow and edited by Arthur Browne. Data analysis by Choi. Strategic planning and methodology by Dedman.

Published: Nov. 17, 2019
A THREE-YEAR NEWSDAY INVESTIGATION UNCOVERED WIDESPREAD EVIDENCE OF UNEQUAL TREATMENT BY REAL ESTATE AGENTS ON LONG ISLAND:
19% of the time against ASIANS
39% of the time against HISPANICS
49% of the time against BLACKS
Structural racism and health inequities in the USA: evidence and interventions

Zinzi D Bailey, Nancy Krieger, Madina Agenor, Jasmine Graves, Natalia Linos, Mary T. Bassett

www.thelancet.com Vol 389 April 8, 2017
“...RESIDENTIAL SEGREGATION IS ASSOCIATED WITH ADVERSE BIRTH OUTCOMES, INCREASED EXPOSURE TO AIR POLLUTANTS, DECREASED LONGEVITY, INCREASED RISK OF CHRONIC DISEASE AND INCREASED RATES OF HOMICIDE AND OTHER CRIMES”

“RESIDENTIAL SEGREGATION ALSO SYSTEMATICALLY SHAPES HEALTH-CARE ACCESS, UTILISATION, AND QUALITY AT THE NEIGHBOURHOOD, HEALTH-CARE SYSTEM, PROVIDER AND INDIVIDUAL LEVELS”
“Racial and ethnic disparities in healthcare exist and, because they are associated with worse outcomes in many cases, are unacceptable.”

“Racial and ethnic disparities in healthcare occur in the context of broader historic and contemporary social and economic inequality, and evidence of persistent racial and ethnic discrimination in many sectors of American life.”

“The majority of studies, however, find that racial and ethnic disparities remain even after adjustment for socioeconomic differences and other healthcare access related factors.”

Why don’t primary care clinicians advocate on behalf of patients who don’t get appropriate or timely cancer care, cardiovascular disease care, diabetes care, or transplantations?
Why don’t other members of the healthcare team advocate on behalf of patients who don’t get appropriate or timely cancer care, cardiovascular disease care, diabetes care, or transplantations?
The plague of racism is insidious, entering into our minds as smoothly and quietly and invisibly as floating airborne microbes enter into our bodies to find lifelong purchase in our bloodstream.

(Maya Angelou)
“There is nothing new about poverty. What is new is that we now have the techniques and the resources to get rid of poverty. The real question is whether we have the will.”

Rev. Dr. Martin Luther King, Jr.

“Remaining Awake through the Great Revolution”

Speech delivered 31 March 1968, 4 days before his death

monologuesofdissent.blogspot.com
SECOND BILL OF RIGHTS
EVERY AMERICAN HAS THE RIGHT TO:
1. A JOB
2. AN ADEQUATE WAGE AND DECENT LIVING
3. A DECENT HOME
4. MEDICAL CARE
5. ECONOMIC PROTECTION DURING SICKNESS, ACCIDENT, OLD AGE OR UNEMPLOYMENT
6. A GOOD EDUCATION
When should our responsibilities as health care professionals and educators inform our responsibilities as members of larger society?
EQUALITY

EQUITY

REALITY