



CHAPTER 1

The Social Determinants of Health

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- In the News

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KEY TERMS

Absolute poverty

Adverse childhood experiences (ACEs)

Bias

BIPOC (Black, Indigenous, People of Color)

Food insecurity

Health disparity

Implicit bias

Income inequality

Institutional racism

Mass incarceration

Patient Protection and Affordable Care Act (ACA/Obamacare)

Prejudice

Racial profiling

Redlining

Social determinants of health (SDOH)

Social inequality

Stop-and-frisk

Structural racism

Wealth gap

Wealth inequality

Weathering

LEARNING OBJECTIVES

After reading this chapter, the reader will be able to:

- Define the social determinants of health
- Define poverty and inequality
- Discuss the impact of education on health
- Discuss the difference between income and wealth
- Discuss the impact of poverty on physical and mental health
- Discuss the impact of economic inequality on physical and mental health
- Discuss the impact of homelessness on health
- Discuss rural inequities in health
- Discuss the changing American middle class
- Define and discuss structural (institutional) racism
- Discuss racial health disparities
- Discuss the impact of racism on health
- Discuss the effects of mass incarceration on health
- Discuss the gender gap in income and health care
- Discuss inequality and health disparities

Introduction

In 2018, The New York Times reported that private college tuition is upwards of \$70,000 per year, although most colleges offset this with financial aid.¹ In 1968, I graduated from City College of New York (CCNY); my mother and great aunt had graduated from Hunter College (when it was all women)—my great aunt in the almost pre-historic year of 1896. None of us had any debt after leaving college because the public 4-year colleges of what is now the City University of New York were, at the time, tuition-free, and anyone with the grades could go. What's more, every semester, I received a small check from New York State for my Regents scholarship. It was enough to cover the fees and pay for my books. My older daughter, now in her 40s, has not yet finished paying off her college loans. And I have no idea how my grandchildren will pay for college.

—BW

What does this have to do with public health? Education is one of the **social determinants of health (SDOH)**. The Centers

for Disease Control and Prevention (CDC) defines SDOH as “conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes.” Included in the SDOH are your economic and social situation, educational level, and the community you live in. A decent stable income enables people to afford healthy food, a place to live, education, and health care. Higher education correlates to better health and longer life. The way a community is built can encourage healthy behaviors such as walking and biking (see chapter 3). A healthy community has clean water and air (see chapter 2). Unsafe neighborhoods and discrimination also negatively affect health² (**Figure 1.1**). The World Health Organization (WHO) adds the importance of early childhood education, social inclusion, food security, and job security.³ A focus on SDOH doesn't negate the importance of medical care. It simply emphasizes the fact that social factors influence the health of individuals and communities.⁴

Today, more money correlates with better quality education and better health. A society with a population that is highly educated and comfortably well off will be a healthier society

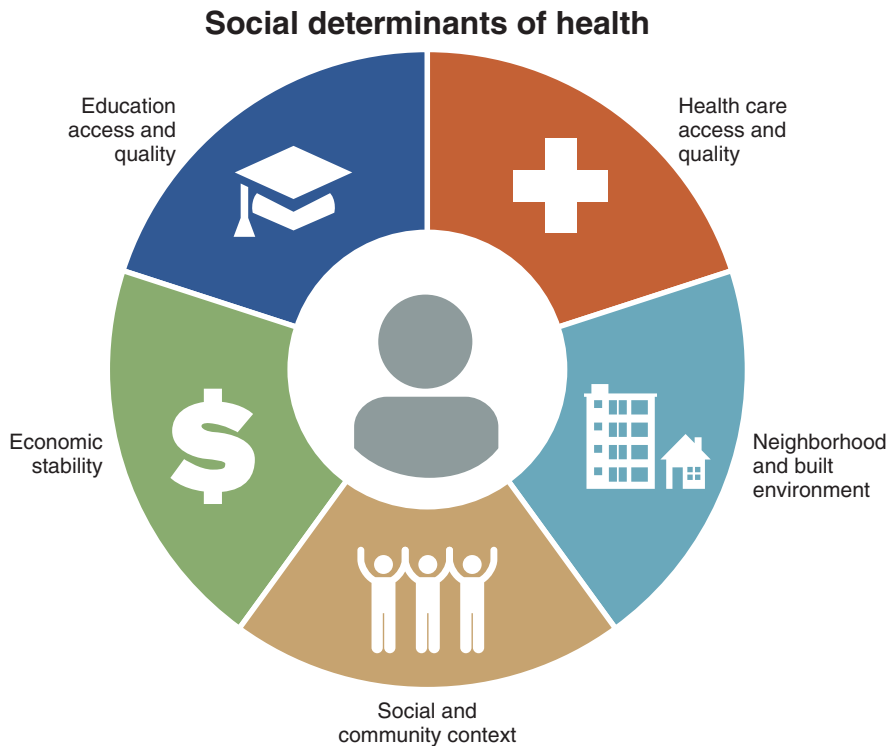


Figure 1.1 The social determinants of health include economic security, strong communities, healthy built environments, and access to education and health care.

Courtesy of Healthy People 2030. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.

than one with an uneducated poor population. Both absolute poverty and social inequality are important determinants of health. According to Michael Marmot, author of *The Health Gap: The Challenge of an Unequal World*, poor health is correlated with poor education. As years of education increase, so does life expectancy. As years of education decline, the chances of being poor increase: In the United States, in 2014, the poverty rate for people over 25 was 5 percent for people with a college or graduate degree, 10 percent for people with some college, 14 percent for people with just a high school diploma, and 29 percent for people with no high school.⁵ In both rich countries and poor, more education means better health.⁶ And yet, in the United States today, higher education, which is a precondition for upward mobility, although it does not

guarantee it, is more and more restricted to the children of the better off and better educated. More than three-quarters of children in families in the top 25 percent of income graduate from college compared to less than 10 percent in the bottom quarter.⁷ If your parents went to college, you are more than twice as likely to go to college than someone whose parents have only a high school diploma and more than seven times as likely as children of a high school dropout. Higher education is less equally distributed in the United States than in 20 other wealthy countries. The gap between well-off and poor children starts in kindergarten and grows as children proceed through school. Poor children, even those who start at the same level as their middle-class peers, fall behind.⁸ Providing free universal public education is an investment in public health. Yet,

after years of declining investment in public higher education, in 2017, for the first time, a majority of U.S. states depended more on tuition and less on taxes to fund public higher education, making it less affordable. In the past 30 years, public colleges and universities have spent less and less on each student. At the same time, tuition has skyrocketed.⁹ What's more, the economic benefits of higher education are decreasing, according to a 2019 study by the Federal Reserve Bank of St. Louis.¹⁰ Although an income benefit remains, the wealth benefit has fallen precipitously since the 1930s for everyone.¹¹

The American Academy of Family Physicians calls “poverty ... an insidious, self-perpetuating problem that affects generations of families. Beginning in utero and continuing throughout an individual’s life, poverty affects health ... life expectancy, learning abilities, health behaviors, and risks for developing disease ... [It also affects] educational, work, and lifestyle opportunities....” A short trip from a rich neighborhood to a poor one can mean a difference of 25 years in life expectancy in New Orleans.¹² In Chicago, a 20-minute trip from the Gold Coast to a low-income neighborhood means a 20-year difference in how long residents are likely to live. In New York City, travel from the Upper East Side to East Harlem, and 10 years of life expectancy is lost.¹³

Although the gap in life expectancy between rich and poor varies by state and even by city, nationally, the rich live 10–15 years longer than the poor. While the life expectancy of the poorest men in the United States can be compared to the life expectancy in an impoverished country like Sudan, the life expectancy of the richest is longer than that of the average man anywhere in the world. The gap grew between 2001 and 2014, with the richest gaining 3 years and the poorest making no gains. To put this in perspective, adding 3 years to life expectancy is the equivalent of curing cancer. If all cancer were cured, life expectancy would increase by 3.2 years, according to CDC estimates.¹⁴

Both absolute poverty and social inequality affect the health of a nation and of individuals. People in **absolute poverty** cannot afford to meet basic needs.¹⁵ **Social inequality** refers to a situation where social groups have unequal access to valued goods.¹⁶ Both poverty and low social status can make you sick. And a nation with vast inequalities in the distribution of wealth is likely to score badly on measures of public health like infant and maternal mortality and life expectancy. The more unequal the distribution of income and wealth, the less social mobility; that is, you are unlikely to move up the economic ladder if the rungs are far apart. Poor countries have shorter life expectancies than rich countries; poor people in rich countries have shorter life expectancies than their better-off fellow citizens. This is true even in a country, such as Great Britain, where everyone has access to health care (the British National Health Service). The Whitehall Study looked at 17,000 British civil servants between 1978 and 1984. It found, “men at the bottom had a mortality rate four times higher than men at the top ... [H]ealth improved steadily with rank ... higher rank, better health....”¹⁷ This does not mean that all people shouldn’t have access to health care; they should. It means that even for people who are not poor and who have access to health care, relative status affects health. However, in the U.S., everyone does not have access to affordable health care. In December 2019, according to a Gallup poll, one-quarter of the U.S. population has delayed medical treatment for financial reasons. Some people die because they don’t see a doctor.¹⁸

Both poverty and inequality also affect mental health. Childhood poverty is associated with higher rates of depression (feelings of severe despondency) and anxiety (feelings of worry, nervousness, or unease) and most other psychiatric disorders in later life. Poverty in adulthood is associated with depression, anxiety, and higher rates of suicide. Poverty leads to stress, which affects mental health. Parental depression affects the

mental health of children. Inadequate nutrition and exposure to lead also are associated with poor mental health.¹⁹ Living in unstable housing, living with food insecurity, and worrying about every bill can cause a level of stress that can negatively affect brain development.²⁰

Economic Inequality in the United States

The United States, which is ranked first in health spending, has a health system that was ranked 37th in the world by the WHO in 2000. In reports in 2004, 2006, 2010, and 2014, the U.S. ranked 11th out of 11 industrialized countries in terms of healthy lives, access to care, and health care quality, among other measures. This is particularly true for low-income Americans.²¹ In terms of longevity and infant mortality, statistics show that the United States is not among the top 20 nations in the world.²² A 2018 United Nations report points to the fact that the United States has the highest child mortality rate of the top 20 nations and the highest child poverty rate in the developed world.²³ One of the reasons for these health statistics is the fact of inequality.²⁴

Childhood poverty makes facing adverse childhood experiences more likely. **Adverse childhood experiences (ACEs)** refer to potentially traumatic events that lead to stress that can affect long-term health (**Figure 1.2**). They can include anything from witnessing violence, to poverty, to parents' divorce or incarceration, to physical, sexual, and emotional abuse. In 2016, about 10 percent of children were exposed to three or more traumatic events, according to parent reports. Sixty percent of adults report that they were exposed to one ACE; 16 percent report that they were exposed to four or more. The more a child is exposed, the more likely he or she is to experience toxic stress and to suffer long-term consequences to physical and mental health. Black children and poor children are most likely to experience three or more traumatic events.²⁵ According to the

CDC, reducing exposure to adverse childhood experiences could reduce adult depression, heart disease, diabetes, and obesity. It could also reduce smoking and misuse of alcohol.²⁶

A 2015 analysis of 50 studies relating social factors to health found that such factors as “education, racial segregation, social supports, and poverty accounted for over a third of total deaths in the United States in a year.”²⁷ Being poor saps energy. Every decision on how to spend limited amounts of money must be weighed. It is even more stressful to be poor in a society like ours, which teaches that all of us, if we work hard, can become anything we want. However, according to Robert Reich, former Secretary of Labor, “[A] large and growing share of the nation’s poor work full time ... yet still don’t earn enough to lift ... their families out of poverty.”²⁸

According to a CDC report, “Socioeconomic Indicators that Matter for Population Health,” both poverty and discrimination cause stress. And stress changes both the brain and immune system and can lead to disease.²⁹ To put it simply, stress can make you sick. A CDC analysis of data collected between 2009 and 2013 showed that as incomes rose, stress levels declined.³⁰

According to data from the Congressional Budget Office (CBO), inequality in the United States continues to grow. To look at economic inequality, you need to look at both **income inequality** and **wealth inequality**. Income refers to what you earn—your wage or salary. Wealth refers to what you own—your assets minus your debt. What you own includes such things as your house and car and other assets. Debt would include your student loans, credit card debt, and mortgage. Wealth, such as stocks, can generate income. Wealth may take more than a generation to accumulate, and it is important in helping to determine the education, job, income, and, therefore, health of the next generation. One way to think of the difference between income and wealth is that income determines how you live day-to-day, while wealth determines how your children will live in the future.

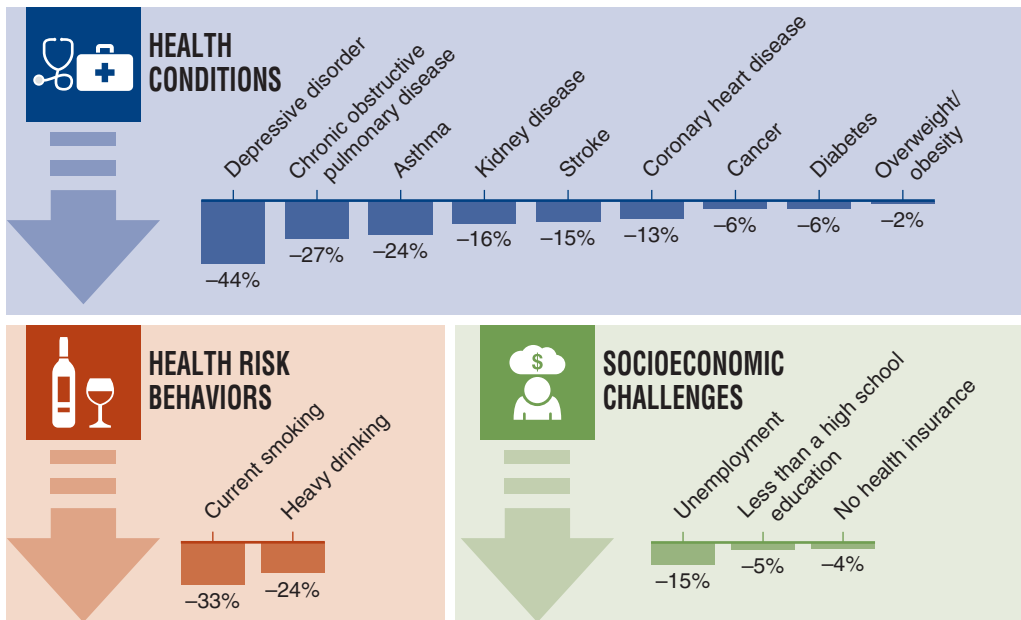


Figure 1.2 Adverse childhood experiences affect adult physical and mental health.

Courtesy of the CDC. <https://www.cdc.gov/vitalsigns/acces/index.html>. Reference to specific commercial products, manufacturers, companies, or trademarks does not constitute its endorsement or recommendation by the U.S. Government, Department of Health and Human Services, or Centers for Disease Control and Prevention.

In the News

On December 2, 2019, *The New York Times* published “Watch 4 Decades of Inequality Drive American Cities Apart.” Since 1980, economic inequality has been increasing both within cities and between cities. The cities with the greatest inequality are the richest, including New York, San Francisco, and Houston. The larger the city, the more unequal.

Badger, E., & Quealy, K. “Watch 4 Decades of Inequality Drive American Cities Apart.” 2 December 2019 updated 11 June 2020. <https://www.nytimes.com/2019/12/02/upshot/wealth-poverty-divide-american-cities.html>. Accessed 10 July 2020.

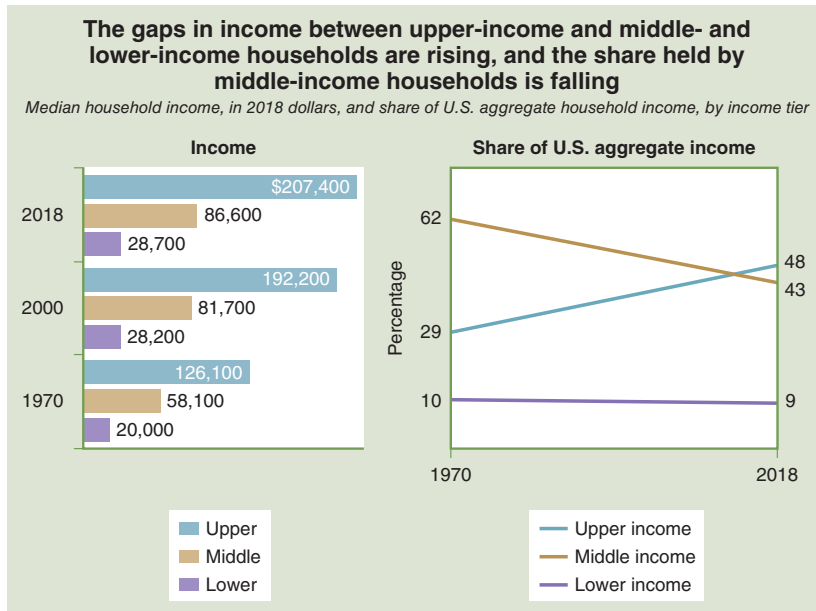
Between 1979 and 2007, the income gap between the top 1 percent and the poorest more than tripled.³¹ Since then, income inequality has continued to grow³² (Figure 1.3).

In 2014, the average CEO received 354 times what the average worker earned. Since 1979, hourly wages (adjusted for inflation) for working Americans have been relatively

stagnant except for the top 5 percent of wage earners.³³ Wealth is even more unevenly distributed than income.³⁴ Between 2007 and 2017, the median wealth of upper-income families grew from 40 times to 75 times the median wealth of lower-income families³⁵ (Figure 1.4).

According to the World Inequality Report, published in 2018, between 1980 and 2016, the share of the top 1 percent of wage-earners grew from 11 percent of national income to 20 percent, while the share of the bottom 50 percent dropped from 21 percent to 13 percent. This does not compare well to the industrialized democracies of Western Europe, where the top 1 percent’s share went from 12 percent to 13 percent and the bottom’s share stayed at 23 percent.³⁶ According to a RAND Corporation study published in 2020, if income was distributed today as it was in 1975, the median full-time worker would earn about \$92,000 per year instead of the \$50,000 a worker earns now.³⁷

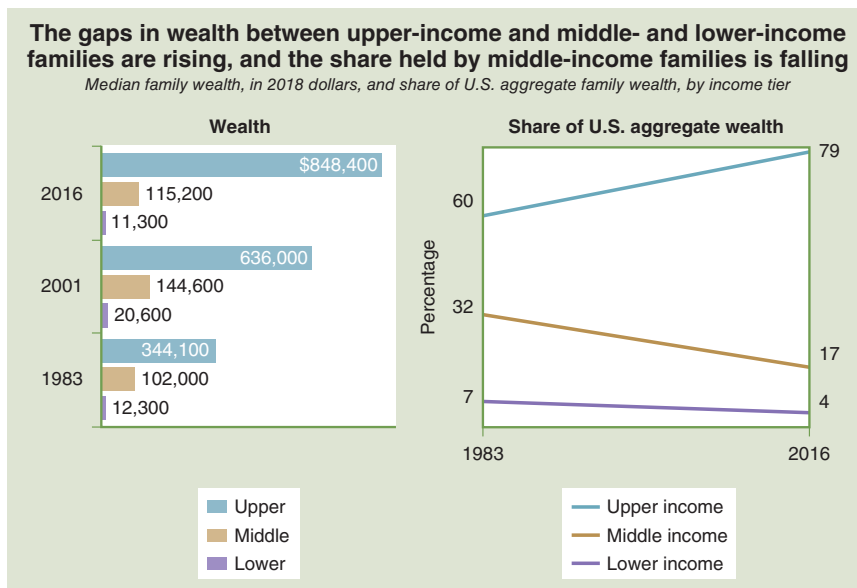
Wealth is even more unevenly distributed than income. In 2017, the top 1 percent owned



Note: Households are assigned to income tiers based on their size-adjusted income. Incomes are scaled to reflect a three-person household. Revisions to the Current Population Survey affect the comparison of income data from 2014 onwards.

Figure 1.3 Income inequality continues to grow in the United States.

Most Americans Say There Is Too Much Economic Inequality in the U.S., but Fewer Than Half Call It a Top Priority.” Pew Research Center, Washington, D.C. (January 9, 2020). <https://www.pewresearch.org/social-trends/2020/01/09/trends-in-income-and-wealth-inequality/screen-shot-2020-01-08-at-5-06-47-pm/>.



Note: Families are assigned to income tiers based on their size-adjusted income.

Figure 1.4 Wealth inequality continues to grow in the United States.

Most Americans Say There Is Too Much Economic Inequality in the U.S., but Fewer Than Half Call It a Top Priority.” Pew Research Center, Washington, D.C. (January 9, 2020). https://www.pewresearch.org/social-trends/2020/01/09/trends-in-income-and-wealth-inequality/psdt_01-10-20_economic-inequality_1-4/.

38.6 percent of the wealth in the United States; the bottom 90 percent owned 22.8 percent.³⁸ Between 2007 and 2017, the median wealth of upper-income families grew from 40 times to 75 times the median wealth of lower-income families.³⁹ According to Warren Buffet, one of the world’s richest men, “between 1982 and 2017, the wealth of the 400 [richest people in America] increased 29-fold from \$93 billion to \$2.7 trillion ...” (Figure 1.5). Eighty-four percent of the stock in the United States is owned by the richest 10 percent of the population.⁴⁰

a bonus, a change in the minimum wage. Wealth accumulates over a generation or two. In part because public spending on families with children has decreased over the past several years, the wealth gap among families with children is increasing. Parents’ wealth influences where children are brought up and the schools they attend, if and where children attend college, the jobs they can get, and their income. Parents’ wealth is a major determinant of children’s lives.

Data from Gibson-Davis, C., & Percheski, C. “Why the Wealth Gap Hits Families the Hardest.” 18 May 2018. <https://www.nytimes.com/2018/05/18/opinion/wealth-inequality-families-children-elderly.html>. Accessed 10 July 2020.

In the News

On May 18, 2018, *The New York Times* published “Why the Wealth Gap Hits Families the Hardest.” The authors point out why it is important to look at wealth when examining inequality. Income can change fast—a raise,

Although supporters of the 2018 Tax Cut and Jobs Act promised the Act would pay for itself and increase jobs, in reality, according to Americans for Tax Fairness, most of the benefits went to the richest 1 percent

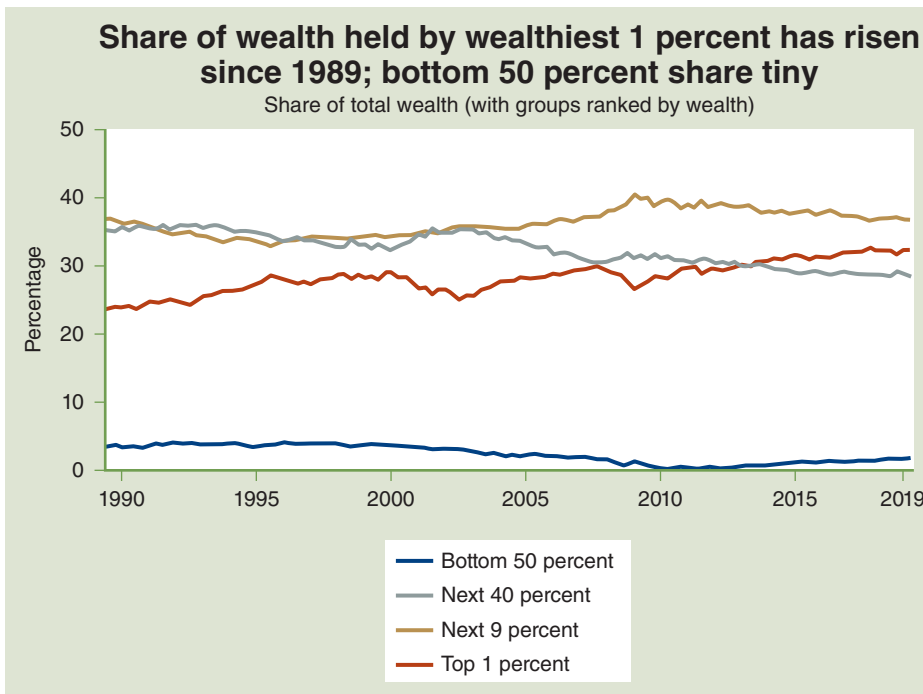


Figure 1.5 The share of wealth of the top 1 percent has risen since 1989.

Reproduced from Center on Budget and Policy Priorities. (2020). Share of Wealth Held by Wealthiest 1 Percent Has Risen Since 1989. Retrieved from <https://www.cbpp.org/share-of-wealth-held-by-wealthiest-1-percent-has-risen-since-1989-bottom-50-percent-share-tiny>.

increasing inequality.⁴¹ When the Act was passed, the Congressional Budget Office predicted that although incomes would rise for all groups, income inequality would increase by 2021. And the CBO projected that taxes and transfers meant to reduce inequality would be smaller in 2021 than in 2016. Transfer income refers to money from the government. As you can see from **Figure 1.6**, the top income groups gain more from taxes and transfers than lower groups.⁴²

The COVID-19 pandemic has only exacerbated economic inequality. Between March and December of 2020, the wealth of the U.S.' 600 billionaires increased by 36 percent (from \$2.947 trillion to \$4.011 trillion). At the same time, the lowest wage groups suffered the highest rate of job losses. Women and people of color, who are more likely to

work in service occupations where teleworking is not an option, were more likely to lose their jobs.⁴³

Poverty, Homelessness, and Hunger in the United States

Poverty

The United States is a rich country. However, it is a country with extremes of wealth and poverty. It is also one of the most unequal countries in the world, according to a 2015 report, which looked at wealth and income distribution in 55 countries.⁴⁴ It is easy to see how absolute poverty affects health. Living in poverty means you don't have access

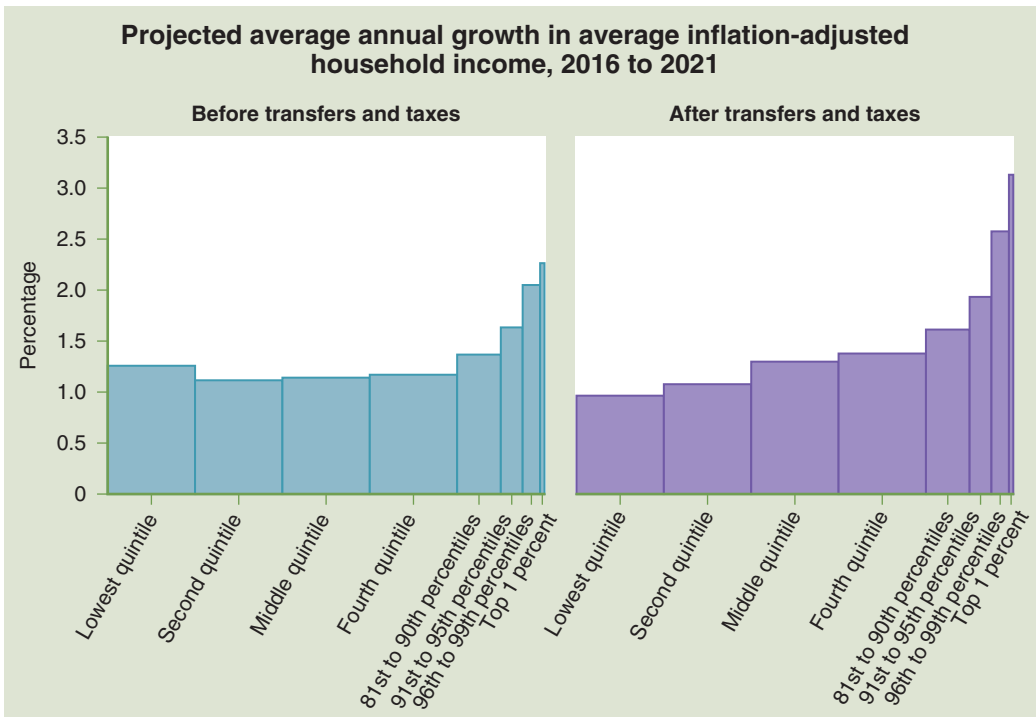


Figure 1.6 Higher-income groups benefit from taxes and transfers.

Courtesy of CBO. Projected Changes in the Distribution of Household Income, 2016 to 2021. 19 December 2019. <https://www.cbo.gov/publication/55941>.

to enough healthy food, safe (or any) housing, adequate medical care, or good schools (where schools are neighborhood schools and poor schools are in poor neighborhoods). In the United States, according to the federal government, in 2018, the official poverty rate was 11.8 percent—a rate that has been slowly decreasing.⁴⁵ More than 38.1 million people were living in poverty.^{46*} According to a 2018 United Nations report, there are 5 million Americans living in absolute poverty, in what we think of as third-world conditions. In Alabama, for example, some people lack sewage systems; out of 55 people tested, 19 had hookworm—a disease found in developing countries.⁴⁷

The poverty rate for American children under 18 in 2016 was 16.2 percent.⁴⁸ A United Nations report called this rate “shocking.” Close to 3 million children in the United States live in extreme poverty, that is, on less than \$2.00 per day. Until 1960, children in the U.S. died at about the same rate as children in other advanced industrialized countries. But by 2018, “A child [in the United States was] 57 percent more likely to die by the age of 19,” according to a report in *Health Affairs*.⁴⁹

Poverty can mean homelessness and hunger. If you are poor, you may have to choose between buying food and medicine, health care, and housing. Housing is a big part of a family’s budget. Many families may be one financial disaster (an illness or a lost job) away from homelessness. Homelessness can mean living in a crowded shelter or on the street, where it is next to impossible to maintain health. The importance of stable, affordable housing cannot be overstated. According to the Enterprise Community Partners, a non-profit interested in ending housing insecurity, having a home is “vital” to health, economic well-being, and education.⁵⁰

Housing and Homelessness

It is very difficult to accurately count the unhoused population. The Department of Housing and Urban Development (HUD) does an annual “Point-in-Time” count on one night.[†] In January 2016, HUD found 549,928 people in shelters and living on the street. This number rose to 553,742 (a 0.7 percent increase) in 2017, the first increase since the Great Recession of 2007–2009. In 2016, most unhoused people (65 percent) were individuals; 35 percent were in families. The number of unhoused families (as opposed to single individuals) has increased over the past few years.⁵¹ In many places in the United States, local ordinances and laws make unhoused people virtually certain to end up in jail. Where it is an offense to sleep in public or to sit on the sidewalk, police may ticket people living on the street. If they cannot afford the ticket, they end up in jail.⁵²

Unhoused people are not just statistics. They are human beings. When asked what it was like to be unhoused, one woman (who now runs a tech company) said, “Homelessness is worse than having a life-threatening illness. And losing everyone you love ... [It is] shivering alone on the streets with broken shoes that are too small, nothing to eat but cold garbage, cavities and body aches, insect bites, no place to shower and nobody who cares...” Another woman wrote that the “first night being homeless...[is] usually the loneliest feeling in the world—like everything, everyone and all you ever knew has abandoned you, forgotten you or betrayed you.” A man who was unhoused for 2.5 years wrote, “[I]t’s bad. The list of deprivations, humiliations, and dangers is too long to list ... You’re cold ... depressed ... and not much good ... Your feet hurt ... You’re dirty and you smell bad ... You’re unemployable ... No one hires ...

* To be counted as officially poor in 2018, your annual income needed to be: \$12,140 for individuals, \$16,460 for a family of 2, \$20,780 for a family of 3, \$25,100 for a family of 4.

† Advocates for the unhoused people believe that this underestimates their number in part because people who sleep outside are often hidden.

someone who has no address . . . You lose touch with life . . .”⁵³ As one man was evicted from his apartment, he felt “like he swallowed an ice bucket.”⁵⁴ Homelessness affects every age group, from children to the elderly.

In the News

On February 3, 2020, *The New York Times* published “Number of Homeless Students Rises to New High, Report Says.” During the 2017-2018 school year, nationally, more than 1.5 million students were unhoused at some point. This was an increase of 15 percent over 2015–2016 and the highest number in over a decade. It is likely an undercount because parents don’t report homelessness, fearing it would be seen as child abuse. The rise in homelessness can be accounted for by severe natural disasters such as hurricanes that destroy homes, the lack of affordable housing, addiction, and factory shutdowns. Homelessness negatively affects both school performance and health. It is linked to developmental delays.

Data from Zaveri, M. Number of Homeless Students Rises to New High, Report Says. 3 February 2020. <https://www.nytimes.com/2020/02/03/us/homeless-students-public-schools.html>. Accessed 9 November 2020.

Homelessness can be traced to several factors. Most important are poverty and a lack of affordable housing. Affordable housing is defined as costing no more than 30 percent of your income. In 2017, the average renter earned a little over \$16.00 per hour. The wage needed to rent a 2-bedroom home was \$21.00–22.00 per hour, working 40 hours per week and spending 30 percent of your income on housing. The federal minimum wage is \$7.25 per hour. You don’t need to be below the federal poverty line to be unable to afford housing.⁵⁵ Extremely

In the News

On September 9, 2020, *The New York Times Magazine* published “Elderly and Homeless: America’s Next Housing Crisis.” Authorities on homelessness project that the number of unhoused old people will triple in the next decade. Those born between 1955 and 1964 at the end of the post-World War II baby boom have formed the largest part of the unhoused population. Poverty and illness put them at risk. Sixty percent of people over 65 suffer from a chronic health condition. Ten percent of households containing an elderly person are food insecure. Lisa Glow, chief executive of an Arizona shelter, commented, “Why are there so many in walkers? And wheelchairs? And gray hair?” And now, they have to worry about COVID-19. In March 2020, one-third of the unhoused adults tested in Boston tested positive for COVID.

Data from Santos, F. Elderly and Homeless: America’s Next Housing Crisis. 30 September 2020. <https://www.nytimes.com/2020/09/30/magazine/homeless-seniors-elderly.html>. Accessed October 26, 2022.

low-income households are defined as those earning 30 percent or less of the median* (middle) income for an area. There are 10.4 million extreme low-income households in the United States. They represent 24 percent of renters and 9 percent of all households. According to the Urban Institute, in every county in this country, there is a lack of affordable housing. Only about one-quarter of housing needs of the poorest Americans can be met. Between 2000 and 2013, extremely poor households increased by 38 percent, while affordable housing increased by only 7 percent. Very few poor households are able to use publicly subsidized housing. Even when they qualify, the waiting lists are long. The result is that 75 percent of poor families

‡ Median refers to the middle number in a sorted list of numbers; median income refers to the income in the middle of an income distribution; half the incomes are above and half below the median. Unlike a mean or average, the median is not skewed by a few very high or very low numbers. Unless incomes are evenly distributed (which they are not), the mean can be misleading.

(almost 11 million families) who rent on the private market spend more than 50 percent of their incomes on what may be inadequate housing. This affects all aspects of life. According to the Joint Center for Housing Studies of Harvard University, they spend almost 40 percent less on food and almost two-thirds less on health care than people in affordable housing.⁵⁶ Inadequate housing is not good for your health.⁵⁷

In 1965, my husband and I lived in a medium-sized city in central New Jersey. We were students and part of the movement of young people trying to organize “an interracial movement of the poor” in cities and towns across the United States. The apartment we lived in was barely adequate even for poor students. The address said it all: 52 City Alley—and it was an alley. The bathtub—there was no shower—was in the kitchen, along with the only source of heat. The hot water heater, also in the kitchen, had to be lit with a match, and we were told by the landlord, who collected the rent in cash each month, that it would explode if left on too long. Needless to say, we were short on baths that year. But the rent at its highest was \$65/month, and it had four rooms. The neighborhood was full of working, poor families of all races. Some lived in apartments like ours. Others lived in the projects. We lived in the community and, with other students, organized around things like adequate playgrounds and pressuring landlords to fix broken water heaters and locks. We had some successes (playgrounds) and many failures (landlords). In the long run, it didn’t matter because the neighborhood was torn down to make way for luxury housing and the headquarters of a large corporation. The projects became condominiums. Low-rent housing all but disappeared. This was not an isolated event.

—BW

In many cities, the poor and much of the middle class have been squeezed out of the

rental market. In Washington DC, for example, affordable housing has been replaced with high-end rentals. As urban areas become popular with upper-middle-class professionals, subsidized housing is torn down and luxury buildings are built. Promises to relocate the tenants are kept slowly, if at all.⁵⁸ By January 2020, New York City was becoming a second home to the tech industry—bringing a workforce with an average yearly salary of \$153,000; this could make inequality in the City worse and push out middle- and lower-class renters in favor of those who demand and can afford luxury accommodations.⁵⁹ At the same time, there were 79,000 people without homes in the City.⁶⁰ There are only 22 counties in five states (Arizona, California, Colorado, Oregon, and Washington—all with a higher minimum wage than the federal minimum wage) where a full-time worker earning the minimum wage can afford a one-bedroom apartment.⁶¹ In San Francisco, in 2018, where the median house price was \$935,000, a low income for a family of four, according to the U.S. Department of Housing and Urban Development, was \$117,400 a year; \$73,300 was considered a “very low income.”⁶²

In the News

On July 2, 2018, *The New York Times* published “In Los Angeles, Where the Rich and the Destitute Cross Paths.” Instead of being restricted to Skid Row, now unhoused people in Los Angeles, numbering 53,000 people, can be found all over the city—on beaches, in tents behind libraries, in parks, even on the Hollywood Walk of Fame. Some Los Angeles residents are both angered and afraid of them. Others help them find homes. One formerly unhoused man stated, “I was living day to day and was thinking of committing suicide... [Being unhoused] takes your dignity away.”

Data from Arrango, T. In Los Angeles, Where the Rich and the Destitute Cross Paths. 2 July 2018. <https://www.nytimes.com/interactive/2018/07/02/us/homeless-los-angeles-homelessness.html>. Accessed 26 October 2022.

Hunger

Poverty can also mean hunger or **food insecurity**. A food-insecure family does not have the money to buy enough food to feed everyone in the household. According to the United States Department of Agriculture (USDA), 14 percent of households with children experienced food insecurity in 2018.⁶³ That includes 11 million children. These children are hungry; they have trouble concentrating in school and adapting to their surroundings.⁶⁴ In 2018, the number of Americans who needed to use food banks was 37 million. That number declined between 2014 and 2019.⁶⁵ But with the spread of COVID-19, the economic slowdown, and the rise in unemployment, the demand at food banks skyrocketed.⁶⁶ Feeding America (a nationwide network of food banks) has projected that in some areas, food insecurity will more than double due to the pandemic.⁶⁷ In some states, food banks have been established to help people deal with the lack of fuel.⁶⁸

Rural Inequities

Nineteen percent of the U.S. population is considered by the Census Bureau to be rural. It defines rural as anything “NOT in an urban area.” (Emphasis in original).⁶⁹ This population is subject to significant health disparities. Rural residents are more likely to suffer from illness or disability and to die sooner than their urban counterparts. They are more likely to be isolated geographically, to be poor, to lack job opportunities and health insurance, and to engage in risky behavior. There are several barriers to accessing health care in rural areas. Shortages of medical personnel plague rural areas; in 2014, fewer than 8 percent of doctors and surgeons practiced in rural areas. Because there is a severe shortage of specialists, residents may need to travel long distances to access the care they need. And there is a lack of reliable transportation—poor roads and no public transportation. Rural residents are more likely to have less education than people in urban areas.⁷⁰

They are also more likely to smoke and drink and less likely to maintain a healthy weight and to exercise.⁷¹ Mortality rates are higher. People who live in rural areas are more likely to die at a younger age than would be expected. Much of this is due to chronic diseases such as diabetes, cancer, and heart disease.⁷²

In the News

On August 19, 2018, *The New York Times* published “Doctors and Health Workers Reflect on Rural America’s Limited Access to Care.” Several factors contribute to a lack of adequate health care. As hospitals have consolidated, they have closed many smaller hospitals. In some areas, so few hospitals provide labor and delivery services that it takes a four-hour, 100-mile drive to deliver a baby. And drives of one to two hours are common to visit a doctor. One physician stated that civic leaders don’t see health services as important. Another said that because of the high cost of malpractice insurance, you need a large practice, and that is not possible in rural areas. Many doctors refuse to take high-risk patients.

Data from Virella, K. Doctors and Health Workers Reflect on Rural America’s Limited Access to Care. 19 August 2018. <https://www.nytimes.com/2018/07/19/reader-center/rural-health-care.html>. Accessed 26 October 2022.

In the News

On July 17, 2018, *The New York Times* published “It’s 4 A.M. The Baby’s Coming. But the Hospital Is 100 Miles Away.” Between 2010 and 2018, at least 5 percent (85 in total) of the rural hospitals in the U.S. closed. At the remaining hospitals, obstetric care has been cut back. “Fewer than half of the country’s rural counties still have a hospital that offers obstetric care...” This means pregnant people lack care. They have to drive long distances for prenatal visits and tests. Some forgo care. Some end up going to emergency rooms when they go into labor. More babies are premature. When the

only hospital in Dunklin County, Missouri, closed, it posted a sign that said, “HOSPITAL CLOSED. CALL 911 FOR EMERGENCIES.” It closed because of a corporate consolidation by its for-profit owner. The county lost its only obstetrician. Soon after, two 1-month-old infant boys died after being driven to hospitals miles away. It is not known whether they would have survived if a local hospital had been there to treat them.

Data from Healy, J. It's 4 A.M. The Baby's Coming. But the Hospital Is 100 Miles Away. 17 July 2018. <https://www.nytimes.com/2018/07/17/us/hospital-closing-missouri-pregnant.html>. Accessed 26 October 2022.

The Middle Class

What about the middle class? We've seen that the rich are very rich and the poor have trouble finding affordable housing and feeding their families. But we are supposed to be a nation of the comfortable, stable, secure middle class. Middle-income families can be defined as those whose “size-adjusted household income is two-thirds to double the national median size-adjusted household income.”⁷³ The middle class has been shrinking—so has its share of aggregate income. Incomes of middle-class people have risen, but not as much as the incomes of higher-income people. A smaller percentage of the U.S. population live in middle-class households now than did in the past. In 1971, 61 percent of American adults lived in middle-class households. By 2011, it was 52 percent. Since then, it has remained relatively stable: In 2019, it was 51 percent.⁷⁴ Where are these people going? Many have risen to upper-income levels; some have fallen to lower-income levels. And what about those remaining in the middle class? According to Alissa Quart, author of *Squeezed: Why Our Families Can't Afford America* (2018), because of increases in the costs of housing, child care, education, and health care, it costs 30 percent more to maintain a middle-class life now than it did at the turn of the century. Child care alone can cost 20–30 percent of a

family's income; in the U.S., child care costs from \$10,000 for one child in a daycare center to \$28,905 for a nanny. The cost of a bachelor's degree at a 4-year public college has almost doubled, as has the cost of medical care.⁷⁵ And a college education, which can leave the graduate with massive debt, is no longer a passport to a secure middle-class life. Professions such as college teaching, which used to guarantee a solid middle-class existence no longer do, as universities staff classes with poorly paid adjuncts. Even lawyers face unemployment.⁷⁶ In 2019, 5 percent of families headed by a college graduate were food insecure.⁷⁷ The status of the middle class is changing due to the pandemic and the economic dislocation it has led to. Middle-class unemployment, food insecurity, and lack of secure housing all contribute to the decline of the middle class.

Whatever the reality is, fewer Americans see themselves as solidly middle class. Sixty-five percent of those who answered a survey worry about not being able to pay bills. The chances of earning more than your parents have also declined.⁷⁸ Almost half (46 percent) of the 5,000 people surveyed by the Federal Reserve in 2016 said that they did not have enough money to cover a sudden \$400.00 expense (down from 50 percent in 2013). Of course, this varied by income, with most people earning more than \$100,000 saying they could afford \$400.00 and only one-third of those earning less than \$40,000 having \$400.00 for an emergency expense.⁷⁹

Structural (Institutional) Racism

In the midst of a pandemic that was killing Black people at a greater rate than White people, and of police violence that is doing the same, we need to discuss institutional or **structural racism**. The term **institutional racism** was first used by Kwame Ture (formerly known as Stokely Carmichael) in *Black Power*, 1967.⁸⁰ When people think of

racism, they usually think of personal **bias** or prejudice. Structural racism is different from personal bias. **Prejudice** refers to negative feelings and actions by individuals toward people of another race or ethnicity. Personal bias or prejudice can perhaps be combatted through education.⁸¹ Of course, individuals and their attitudes and actions are important. In many areas, structural racism and personal bias interact. But structural racism is harder to identify and, therefore, to combat. Structural racism involves institutions that have a disproportionately negative effect on a group; in the U.S., the group is people of color, more specifically, Black people.⁸² It can be defined as "...the systematic and interconnected web of institutions and factors that lead to adverse health outcomes [and] work ... to further exacerbate ... disparities ..."⁸³ Structural racism involves every aspect of life, from housing and education, to employment and health care, to politics and criminal justice.⁸⁴ Intent does not matter, nor do personal feelings. This does not mean to imply that all White people benefit from structural racism; they don't. What matters is the effect of institutional arrangements on ethnic or racial groups.

Some examples of structural racism include the following: Funding public education through local property taxes leads to unequal funding. Wealthy neighborhoods have well-funded schools. Poor neighborhoods have poorly funded schools.⁸⁵ Structural racism in the form of social segregation of neighborhoods has led to people of color being concentrated in neighborhoods with more polluted air and water, leading to more disease. Structural racism has been called a "public health crisis."⁸⁶ Unequal access to health care⁸⁷ and the stress created by living in a racist society also contribute to racial health disparities.⁸⁸ Recent research suggests that "discrimination is a chronic stressor that may increase the risk of hypertension."⁸⁹

Segregated neighborhood schools and segregation within schools lower educational aspirations among Black males. Within

schools, Black students are tracked to less advanced courses.⁹⁰ Black students—mostly male, but female too—are disciplined more harshly than White students for the same offense. Black male students are much more likely to be suspended, expelled, and arrested than White students. This is true even though, according to research, Black boys and White boys are equally disruptive in the classroom. Studies have linked this to implicit bias.⁹¹ Administrators and teachers need to be aware of the inequities and strive to overcome them.⁹² Even in elite private schools, Black students experience racism.⁹³ It may be in the form of microaggressions, which refer to unintentional comments or actions that send a demeaning message to a marginalized group.⁹⁴ It may be in the form of leaving their experiences out of the curriculum, or it may have to do with police policies. The results can be Black students who feel slighted and unimportant.⁹⁵

Over-policing of **BIPOC (Black, Indigenous, People of Color)** neighborhoods, racial profiling, and stop-and-frisk policies interact with personal bias (whether acknowledged or implicit), leading to more arrests even when crime rates are equal. Low-level, nonviolent criminal activities such as possession of marijuana are more likely to result in arrest.⁹⁶ According to the American Civil Liberties Union, although Black and White people use marijuana at about the same rates, Blacks are almost four times more likely to be arrested.⁹⁷ And arrests are more likely to lead to jail: Bias in plea bargaining leads to the reduction of charges for more White than Black defendants.⁹⁸ Black men and boys are also 2.5 times more likely to be killed by police than White men. Police use-of-force is the 6th leading cause of death for young Black men.⁹⁹

Implicit bias refers to unconscious prejudice. A threat is perceived where none exists. Black males are seen as more threatening than White males and are more likely to be shot by police *when unarmed*. A 2015 study found that implicit bias may be the

In the News

On September 23, 2020, *The New York Times* published “Black New Yorkers Are Twice as Likely to Be Stopped by the Police, Data Shows.” Even though overall policing has dropped all over New York City, and arrests have declined among all segments of the population, Black New Yorkers were still “nearly six times more likely to be stopped or arrested in 2018 than White New Yorkers were. And the ratio has not changed in more than a decade...” According to the NYPD, this is due to more 911 calls. However, it should be remembered that the ruling against the stop-and-frisk policy “found that the majority of the pedestrian stops in those neighborhoods never turned up evidence of a crime.”

Data from Feuer, A. Black New Yorkers Are Twice as Likely to Be Stopped by the Police, Data Shows. 23 September 2020. https://www.nytimes.com/2020/09/23/nyregion/nypd-arrests-race.html?fbclid=IwAR0aTEr6P3NhWrA3bS-DFMKhyzAXrM_UzpYDGmrHLr50GZ4x-a2ZwUgLSM4. Accessed 7 October 2020.

motive in police shootings of Black men.¹⁰⁰

Racial profiling refers to the practice of targeting people believed to be more likely to commit crimes. Proponents of the practice say that it cuts down on crime. However, several studies indicate that this is not the case.¹⁰¹ A 2016 study of traffic stops in North Carolina found that “while [B]lack and Hispanics are *more* likely to be searched, those more numerous searches are *less* likely to uncover illegal drugs or weapons than searches of vehicles with [W]hite or Asian drivers.” [Emphasis in the original.]¹⁰² **Stop-and-frisk** policies allow a police officer to stop anyone without arrest and search for weapons and drugs based on “reasonable suspicion” that the person has committed or will commit a crime.¹⁰³ Unsurprisingly, the policy led to Black and Hispanic men being stopped at a greater rate than White men. According to the New York Civil Liberties Union, under New York City’s stop-and-frisk policy, although Black and Brown people are more

likely to be stopped, Whites are more likely to have a gun.¹⁰⁴

Racism and Health Disparities in the United States

More than 60 cities and counties have declared that racism itself is a public health crisis.¹⁰⁵ Senator Elizabeth Warren (D-MA) and Representatives Ayanna Presley (D-MA) and Barbara Lee (D-CA) have introduced a bill in the U.S. Congress declaring structural racism a “major barrier to health equity” and proposing some steps to begin to remedy this.¹⁰⁶ Health disparities cut across class lines and affect high-income as well as low-income Black people. According to Healthy People 2020, a **health disparity** is “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.”¹⁰⁷ Racism leads to stress, which, as we said, can lead to disease. This results in a higher prevalence of chronic diseases, such as high blood pressure, asthma, and diabetes, and a shorter lifespan.¹⁰⁸ Although the declarations by themselves have no real effect, concrete steps can be taken to lessen the disparities. For example, Milwaukee, the first city to make the declaration in May 2019, looked at COVID-19 infection and death rates by race. They were able to see the disparate impact on Black communities and set up more testing sites there.¹⁰⁹

It should also be noted that there is a well-founded distrust of medical institutions that may contribute to health disparities. The distrust is based in both history and contemporary experience. Until the passage of the Civil Rights Act in 1964, medical facilities were legally free to discriminate.¹¹¹ Both before and after that date, Black people and communities were often used as guinea pigs in medical research without their knowledge or consent. Some examples include:

The Anti-Racism In Public Health Act Of 2020

“Sen. Elizabeth Warren (D-MA), Rep. Ayanna Pressley (D-MA-7), and Rep. Barbara Lee (D-CA-13)

For centuries, structural racism in the United States has harmed Black and Brown communities and served as a major barrier to health equity. Racial disparities in health outcomes exist at alarming rates and can be seen in the prevalence of chronic health conditions, such as diabetes, asthma, and hypertension; infant mortality; maternal mortality and morbidity; and police brutality. Furthermore, inequitable access to quality health care disproportionately burdens communities of color and exacerbates racial disparities. In the United States, people of color and immigrants are less likely to be insured and to have access to health care providers. The COVID-19 pandemic has unveiled these inequities and made it impossible to ignore structural racism: Black and Brown people are nearly three times more likely than White people to contract COVID-19 and are one to two times more likely to die from the disease.

“Comprehensive research studying the public health impacts of structural racism is needed to confront and dismantle the racist systems and practices that create racial disparities and to develop race-conscious public health approaches to reverse the existing disparities that have plagued our nation for too long. This point has been driven home by the federal government’s failure to adequately collect race and ethnicity data on COVID-19 testing, hospitalization, and deaths. To help expand research and investment into the public health impacts of structural racism, as well as to require the federal government to begin actively developing anti-racist health policy, Senator Warren, Congresswoman Pressley, and Congresswoman Lee have introduced the Anti-Racism in Public Health Act, which would:

- Create a “National Center for Anti-Racism” at the Centers for Disease Control and Prevention (CDC) to declare racism as the public health crisis that it is and further develop the research base and knowledge in the science and practice of anti-racism. The Center would undertake such activities as:
 - Conducting research, collecting data, awarding grants, and providing leadership and coordination on the science and practice of anti-racism in the provision of health care, the public health impacts of systemic racism, and the effectiveness of interventions to address these impacts.
 - Creating at least three regional centers of excellence in anti-racism.
 - Educating the public on the public health impacts of structural racism and anti-racist public health interventions.
 - Consulting with other Centers at the CDC to ensure that scientific and programmatic activities initiated by the agency consider structural racism in their designs, conceptualizations, and executions.
- Create a Law Enforcement Violence Prevention Program within the National Center for Injury Prevention and Control at the CDC. Physical and psychological violence perpetuated by law enforcement results in deaths, injuries, trauma, and stress, and disproportionately affects marginalized populations. This bill would take a public health approach to combatting police brutality and violence by creating a dedicated law enforcement violence prevention program at the CDC.”

ENDORSING ORGANIZATIONS: Center for Policing Equity; Center for Popular Democracy; Center for Reproductive Rights; Center for the Study of Racism, Social Justice & Health at UCLA; Hispanic Federation; The Justice Collaborative; Justice in Aging; The Lawyer’s Committee; The Leadership Conference on Civil and Human Rights; National Medical Association; National Partnership for Women & Families; NAACP; National Urban League; Physicians for a National Health Program (PNHP); PolicyLink; Poverty & Race Research Action Council (PRRAC); Public Citizen; Social Security Works; UCLA’s COVID-19 Task Force on Racism and Equity; UnidosUS; Union for Reform Judaism; We Must Count Coalition.¹¹⁰

Pressley, A. The Anti-Racism in Public Health Act of 2020. <https://pressley.house.gov/sites/pressley.house.gov/files/Anti-Racism%20in%20Public%20Health%20Act%20Summary.pdf>.

- In the 1840s, in New York City, Dr. J. Marion Sims, known as the father of gynecology, experimented on enslaved Black women without anesthesia. According to Sims himself, the surgeries, which were repeated over and over again on the same women, were “so painful, that none but a woman could have borne them...” After developing surgical techniques, he used them on White women with anesthesia.¹¹²
- Before emancipation, some medical schools depended on “resurrectionists,” i.e., grave robbers, to steal dead bodies of slaves and free Blacks for dissection.¹¹³
- In 1932, the Public Health Service and the Tuskegee Institute began a study called “Tuskegee Study of Untreated Syphilis in the Negro Male.” The study included 600 men, 399 of whom were suffering from syphilis. The men were told that they would receive free health care, which they did not receive. The men were not told that they had the disease, and even when penicillin became available as an effective treatment in the 1940s, they were not given either treatment or the option to leave the study. The study continued until 1972, when a newspaper story revealed what was happening, and a government advisory panel was established. It recommended ending the study. A suit followed, and an out-of-court settlement of \$10 million for living participants was reached.¹¹⁴
- Henrietta Lacks died of cancer in 1951. Before her death, the hospital that treated her took a sample of her cells without her knowledge or consent. These cells (HeLa cells) were shared among researchers. Her name was revealed without her family’s consent. The cells were used in research into cancer, immunology, and infectious disease. They were used in research for COVID-19 vaccines. Biotechnology and other companies made fortunes from the work with these cells. Her family got nothing.¹¹⁵

In the News

In 2018, *The New York Times*, as part of a series called “OVERLOOKED,” published an article on Henrietta Lacks. Ms. Lacks was born in 1920. After her mother died when she was four years old, she was brought up by her grandfather, the son of a White plantation owner and a former enslaved woman. She grew up in a former slave cabin. She lived in poverty and was buried in an unmarked grave. In 1951, she was diagnosed with cervical cancer. Before she died, cancer cells were taken from her cervix without her knowledge; more were taken after her death. Doctors found that, unlike most cancer cells that died quickly in the lab, hers never stopped reproducing. Her cells were named HeLa cells. They are “the most prolific and widely used human cell line.” They have been used by cosmetics companies, pharmaceutical companies, and the military. Her cells are involved in treatments used for hemophilia, herpes, influenza, leukemia, and Parkinson’s, and in the development of the polio vaccine, cancer drugs, chemotherapy, gene mapping, and in vitro fertilization. Biotechnology companies made fortunes from her cells.

Data from Hassan, A. Overlooked: 1920-1951 Henrietta Lacks. 2018. <https://www.nytimes.com/interactive/2018/obituaries/overlooked-henrietta-lacks.html>. Accessed 26 October 2022.

The Racial Wealth and Income Gap

There has always been a gap between the wages of Black and White workers in the United States. Within workplaces, Blacks are relegated to jobs with less pay, fewer benefits, and more danger.¹¹⁶ Although the gap narrowed during the 1960s and 70s, it began increasing in the 2000s, and today, it is wider than it was in 1979. New research has pointed to the fact that if men who are not in the labor force, including people who have stopped looking for work, people who are incarcerated, full-time parents, and full-time students, are counted, the wage gap is the same in 2020 as

it was in the 1950s.¹¹⁷ According to a report by the Economic Policy Institute, “As of 2015, relative to the average hourly wages of White men with the **same education, experience, metro status, and region of residence**, [B]lack men make 22.0 percent less, and [B]lack women make 34.2 percent less.” (Emphasis added). The gaps have widened most for those with a college education. The wage gap is growing because of discrimination.¹¹⁸ Discrimination in employment is well-documented: A job applicant with a “White” name is more likely to be interviewed than an applicant with a “Black” name. One study found that a “[B]lack man without a criminal record fared worse than [a] [W]hite man with one.” A study of parolees in Los Angeles and San Francisco found 30 to 50 percent become unhoused.¹¹⁹ Black unemployment is usually about twice White unemployment. There is also a wage gap between Hispanics and Whites, with Hispanic men earning 14.9 percent less than White men and Hispanic women earning 33.5 percent less than White men. Controlling for education and other factors narrows the Hispanic/White wage gap among men but not among Hispanic women and White men.¹²⁰ There is, however, a large wealth gap between Whites and Hispanics. In 2016, the median White family was worth \$150,000 more than the median Black family and the median Hispanic family.¹²¹

The median wealth of a White family headed by a high school dropout is greater than that of a Black family headed by a college graduate.¹²² The **wealth gap** is rooted in history. After slavery, Blacks, in general, were denied the opportunity to achieve wealth or were violently relieved of their property, as in Wilmington, NC, in 1898 and Tulsa, OK, in 1921. The New Deal of the 1930s originally excluded domestic workers and farmworkers, many of whom were Black, from social programs such as Social Security and the minimum wage.¹²³⁸

This was not changed until 1966 and the passage of an amendment to the Fair Labor Standards Act.¹²⁴ While White Americans were building wealth through homeownership in the 1940s, 50s, and 60s, Blacks were denied mortgages through policies such as **redlining**, a government policy that labeled neighborhoods with large Black populations as “hazardous,” making it impossible to get a mortgage. The term redlining refers to the policy adopted in the 1930s by the Home Owners’ Loan Corporation of color-coding maps according to where they deemed mortgages to be safe. The safest neighborhoods were outlined in green. The neighborhoods deemed least secure were outlined in red. Neighborhoods with Black populations were likely colored red.¹²⁵ After the Second World War, both the Veterans Administration and the Federal Housing Administration would not guarantee loans to anyone who would sell to Black people.¹²⁶ This changed after the passage of civil rights legislation in the 1960s. Redlining was outlawed. But these policies still contribute to the racial wealth gap. Blacks are more likely to live in formerly redlined neighborhoods. Over the 40 years between 1980 and 2020, houses in formerly redlined neighborhoods gained 52 percent less wealth than houses in neighborhoods that had not been redlined. That comes to \$212,023 less in wealth generated by increased property values. Black homeownership was highest between 1998 and 2008. But the Great Recession of 2007–2008 erased the gains.¹²⁷ Furthermore, one analysis found that in most states, neighborhoods with high minority populations have higher property tax assessments than White neighborhoods. They found that this had to do with how many people of color lived there, among other things.¹²⁸

The wealth gap between Black and White families grew between 2007 and 2016.¹²⁹ There are several reasons for this. Black families had

8 These programs have been expanded so that they now cover more than 90 percent of U.S. workers. AARP. Are some kinds of employees not covered by Social Security? 10 October 2018. <https://www.aarp.org/retirement/social-security/questions-answers/kinds-of-employees-not-covered-by-social-security/>. Accessed 11 July 2020.

more of their wealth tied up in housing and so were harder hit by the housing crisis. The value of White homes fell by 25 percent during the mortgage crisis (2007–2010), while Black home values fell by twice that much—by 50 percent. The net worth of Hispanics fell by 72 percent from 2007 to 2013.¹³⁰ Secondly, Black unemployment was much higher than White unemployment. Also, because there is a wealth gap, Black families are less likely to have a network of friends and relatives who can give financial help. This means that Black families are more likely to lose their homes in a financial crisis than White families who can turn to a support system for temporary financial help.¹³¹

What is the effect of college, the traditional route out of poverty and into the middle class? Blacks and Hispanics with college degrees do better in terms of wealth and income than those without degrees, twice the income and 3.5–4 times more wealth in 2013. However, by 2020, the wealth benefit for Blacks had fallen to zero. Although a college degree may help in terms of income and wealth, some of the standardized tests (e.g., SAT and ACT) used to help determine college admissions have more to do with family income and race than are predictive of success in college.¹³² The degree doesn't protect them in economic crises. Between 1992 and 2013 (after the Great Recession), the median net worth of Blacks with B.A. degrees fell by more than 50 percent, while that of Whites rose by over 80 percent.¹³³

Mass Incarceration

In 1963, in the midst of the Civil Rights Movement, I was arrested at a demonstration. I spent one night in the Women's House of Detention in New York City. Physically, it wasn't bad; I remember yellow curtains on a window; they gave me a jelly sandwich to eat as a snack—I was too late for dinner. Everyone was nice to me; they knew why I was there. One matron even told me she wished her sister would become active in

the movement and that I should be proud of myself. Even so, I cried myself to sleep; I never felt so alone and powerless in my life. I was terrified that no one knew where I was, and although I would be out by morning, I felt like I would be there forever. I found being in jail a terrifying experience.

—BW

When we deal with statistics on income and inequality, you should keep in mind that part of the population is left out—the part in prisons and jails.¹³⁴ Between 1972 and 2009, the U.S. prison population increased by 700 percent. After 2009, both the federal government and 39 states began a process of decarceration.¹³⁵ The increase is not due to an increase in the crime rate but to “changes in sentencing law and policy. . .”¹³⁶ Every year, about 2.2 million people spend some time in a jail or prison. One-quarter of the people in jail were there for drug offenses in 2018.¹³⁷ Over half of those in state prisons are serving time for nonviolent offenses.¹³⁸ Each year, about 700,000 prisoners are released. Eventually, the vast majority (95 percent) will be released into communities.¹³⁹ In a report to the Congressional Research Institute for Social Work and Policy (CRISP), **mass incarceration** is viewed as a social determinant of health. It has made health disparities worse.¹⁴⁰

Both the size of our state and federal prison populations and the rate of incarceration** increased between 1970 and 2010.¹⁴¹ Then they started to fall as the crime rate started to fall, and in 2016, they reached their lowest levels in 20 years. However, we still imprison a larger share of our population than any other nation.¹⁴² The gap between Black and White rates of imprisonment has narrowed. But Black men are still more likely to be imprisoned than White men and Hispanics.¹⁴³ Mass incarceration impacts the Black community and the poor disproportionately, not because of a higher crime rate but because of a higher arrest and conviction rate.¹⁴⁴

** The rate of incarceration refers to the number of inmates per every 100,000 U.S. residents.

Half of defendants are indigent.¹⁴⁵ They cannot afford bail or a bondsman. According to the Prison Policy Institute, 76 percent of people in U.S. jails have not yet been tried.¹⁴⁶

What impact does mass incarceration have on health? The living conditions in prison are not conducive to good health, although there is access to health care. During a pandemic such as the one we are experiencing now, jails and prisons are especially unhealthy: They are overcrowded, social distancing is impossible, and it is difficult to maintain proper hand hygiene. Jails and prisons become hotspots.¹⁴⁷ Prisons threaten public health.¹⁴⁸ They are dangerous for both inmates and workers, as well as visitors who can bring disease into the community.¹⁴⁹

Epidemiologists are starting to look at the relationship between spending time in jail and hypertension, asthma, stress, and health in middle age. A study published in the *New England Journal of Medicine* compared death rates of prisoners released in Washington State between 1999 and 2003 to the rest of the state's population (adjusted for age, race, and sex). In the two years after release, former prisoners had a 3.5 times higher risk of death. The risk was highest in the two weeks after release—mainly due to drug overdoses. The other leading causes of death included heart disease, homicide, and suicide.¹⁵⁰

And what of the communities left behind? Almost 3 percent of American children have a parent in prison. This increases poverty by taking away a wage earner and can lead to homelessness.¹⁵¹ Almost 10 percent of Black children had a father who was imprisoned as of 2018.¹⁵² This hollows out communities and breaks up families. It puts extra burdens on mothers who become single parents. The costs of phone calls and travel to see an imprisoned family member can be prohibitive. It cuts

down on political representation of communities since imprisoned people are counted in the Census where they are imprisoned, not in their home communities.¹⁵³ And in some states, formerly imprisoned people do not have the right to vote.¹⁵⁴ A prison record makes employment difficult. One study found that a criminal record made it harder to get a job for both Black and White men. A study of parolees in Los Angeles and San Francisco found 30 to 50 percent become homeless.¹⁵⁵

Racial Health Disparities

Historically, there has been a gap between White and Black life expectancy. That is, Whites live longer than Blacks.⁺ Health disparities also affect other racial and ethnic groups. Native Americans have greater health disparities and a greater gap in life expectancy. Along with higher rates of poverty come higher rates of disease and premature death.¹⁵⁶ The disparities cannot be traced to genetics or culture but to institutional arrangements.¹⁵⁷ Some can be explained by socioeconomic differences, i.e., in income and wealth, but not all.¹⁵⁸ One study that tried to separate class from race found that in a poor but racially integrated community where Blacks and Whites experienced the same social and economic conditions, health disparities are minimized.¹⁵⁹ However, racism itself negatively affects health, with those reporting experiencing racism having worse health than those who don't.¹⁶⁰ Natasha Trethewey, the former poet laureate of the United States and of Mississippi, described living in a racist society as “the sense of being unwelcome in the place that is our home.”¹⁶¹

Part of the disparity can be traced to differences in the health care received by different racial groups, even in identical circumstances.

+ Figures on life expectancy by race and ethnicity from 2014 (the year life expectancy was highest) are as follows: Native Americans: 75.06 years, African Americans: 75.54 years, White Americans: 79.12 years, Hispanic Americans: 82.89 years, Asian Americans: 86.67 years. Carlson, R. The Racial Life Expectancy Gap in the U.S. 8 March 2019. <https://www.thebalance.com/the-racial-life-expectancy-gap-in-the-u-s-4588898>. Accessed 8 July 2020.

In a study of **implicit bias** on the part of medical personnel, Natalia Khosla and Sylvia Perry found health care providers falsely believe Black patients act less responsibly about their own health. The doctors, nurses, physician's assistants, and medical students were given descriptions of patients—identical except for race. The clinicians did not expect Black patients to recover; they did not expect them to follow the doctor's directions. These attitudes affect the treatment of Black patients.¹⁶² This may be made worse by an algorithm used to help medical personnel make health care decisions because it uses past costs to predict health care needs.¹⁶³

In the News

On October 29, 2019, the journal *Science* published a research article entitled, "Dissecting Racial Bias in an Algorithm Used to Manage the Health of Populations." The authors found that the algorithms used in making health care decisions "reduce[d] the number of Black patients identified for extra care by more than half," thus leading to the denial of needed care. This occurs because the algorithm bases its predictions on past health care costs. For a number of reasons, less is spent on health care for Black people than White people. The algorithm can be corrected by using a measure other than cost, for example, the number of chronic conditions.

Data from Obermeyer, Z, et al. "Dissecting Racial Bias in an Algorithm Used to Manage the Health of Populations." 29 October 2019. <https://science.sciencemag.org/content/366/6464/447>. Accessed 9 July 2020.

The gap between Black and White life expectancy was decreasing. In 1900 the gap was 15 years. It improved in the 1970s in part because programs like Medicare and Medicaid increased access to health care. It shrank from 7 years in 1990 to 3.4 years in 2014, the lowest it has ever been. One of the reasons is

the decline in murder. Another was that the decline in smoking and, therefore, lung cancer was greater among Blacks than Whites. While Blacks die at a higher rate than Whites of AIDS, cancer, heart disease, and homicide, the Black suicide rate is down. Fifteen percent of the narrowing of the gap was due to the fact that the opioid overdose epidemic has lowered White life expectancy.¹⁶⁴ However, the COVID-19 pandemic has changed this.¹⁶⁵ Although life expectancy overall has declined (by about 1 year), that of Blacks and Hispanics has declined much more.^{††} During the first half of 2020, as life expectancy dropped by eight-tenths of a year for White Americans, it dropped by 2.7 years for Black Americans and 1.9 years for Hispanic Americans.¹⁶⁶

As you can see, there are serious health disparities. In 2015, 63 percent of the children who visited Chicago's emergency rooms for asthma were Black. Among adults, the asthma rate is significantly higher among people of color than Whites.¹⁶⁷ Other health disparities also persist. For example, the COVID-19 pandemic (which will be discussed in chapter 10) has had a disproportionate impact on Black, Hispanic, and Native American communities. Minority communities have higher rates of infection than Whites because they are more likely to be exposed.¹⁶⁸ The data on death rates is inconclusive. One study, which analyzed the medical records of 11,547 COVID-19 patients in New York City in March of 2020, found that although Black and Hispanic patients were more likely to contract COVID, they were NOT more likely to die of it.¹⁶⁹ Another study came to the opposite conclusion—that Black people were twice as likely to die and Hispanic populations 50 percent more likely to die than Whites.¹⁷⁰

The differential in treatment received by Blacks and Whites was the subject of a comprehensive study in 2002. "Unequal Treatment:

^{††} "The Black and Latino populations are estimated to experience declines in life expectancy at birth of 2.10 and 3.05 years, respectively, both of which are several times the 0.68-year reduction for Whites." Andrasfray, T., & Goldman, N. Reductions in U.S. life expectancy due to COVID-19 and the disproportionate impact on the Black and Latino populations. 12 July 2020. <https://www.medrxiv.org/content/10.1101/2020.07.12.20148387v3>. Accessed 26 October 2022.

Confronting Racial and Ethnic Disparities in Health Care,” published by a division of the National Academy of Sciences, looked at 100 previous studies and found that due to less aggressive treatment, especially for heart and kidney disease, people of color have higher death rates than Whites¹⁷¹ (Figure 1.7). Later studies have found that the differential treatment for heart attacks has not changed. Black patients are less likely to receive aggressive treatment, less likely to receive an angiogram, and less likely to undergo bypass surgery. One of the reasons is that they are more likely to

have chronic conditions such as diabetes.¹⁷² However, one study found that Black patients who have identical health and social history were less likely to receive a heart transplant than White patients.¹⁷³

A 2016 study examined why Black people are given less pain medication not only than White people but also than what is recommended by WHO guidelines. They found that medical personnel held false beliefs about people of color, including that their nerves are less sensitive, that their skin is thicker, and that their blood clots faster. To repeat, these

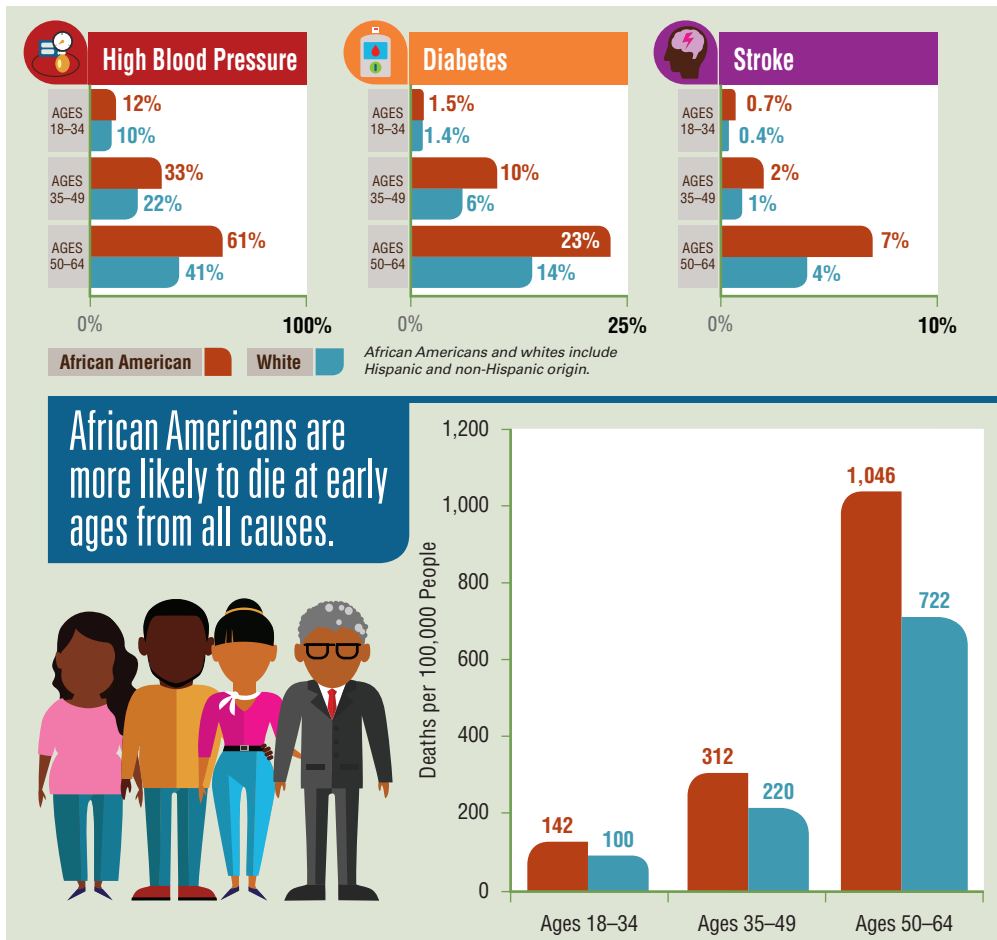


Figure 1.7 African Americans are more likely to die early.

Courtesy of the CDC. https://www.cdc.gov/vitalsigns/aahealth/images/graphic-a_1185px.png. Reference to specific commercial products, manufacturers, companies, or trademarks does not constitute its endorsement or recommendation by the U.S. Government, Department of Health and Human Services, or Centers for Disease Control and Prevention.

beliefs are false; they have no basis in reality. But they affect the way Black people are treated by medical professionals.¹⁷⁴

One of the saddest and most troubling facts is that the racial disparity in infant mortality is wider now than during slavery, with Black babies twice as likely as White babies to die. Nor are Black mothers safe. According to the CDC, Black women are at higher risk to die of pregnancy-related conditions than White women. The risks to mothers and babies are not due to poverty, irresponsible behavior, or genetics. Studies have shown that Black mothers-to-be are less likely to smoke and drink during pregnancy. Their babies are small, even with prenatal care. They are smaller than babies of recent West African immigrants who have babies the size of American White babies; but the West African immigrants' daughters who grow up in the United States have smaller babies, leading to the conclusion that it is not genetics but living in the United States that leads to low birth weight, a main factor in infant death. Education (and therefore income) seems to matter very little. One study found that the risk of

infant death for Black mothers was higher when the mothers were in their twenties than when they were teenagers; the opposite is true for White infants. One theory explains the high risk to Black mothers and infants by pointing to the extreme and toxic stress of living in a racist and sexist society leading to what is called “**weathering**” or premature deterioration.¹⁷⁵ The term weathering was first used by Arline Geronimus. According to Geronimus, the chronic and repeated stressors experienced by Black people in the U.S. lead to a “general health vulnerability.” This concept points to environmental factors (discrimination) as opposed to genetic factors as causing health disparities. For example, Black people in this country have higher hypertension rates than they do in the Caribbean.¹⁷⁶

The risk of pregnancy-related death is higher for Black and American Indian/Alaska Native women (**Figure 1.8**). Class doesn't seem to matter. Income and education don't seem to matter. Black mothers who are physicians report having to diagnose their own near-fatal conditions because they were brushed off and ignored by medical

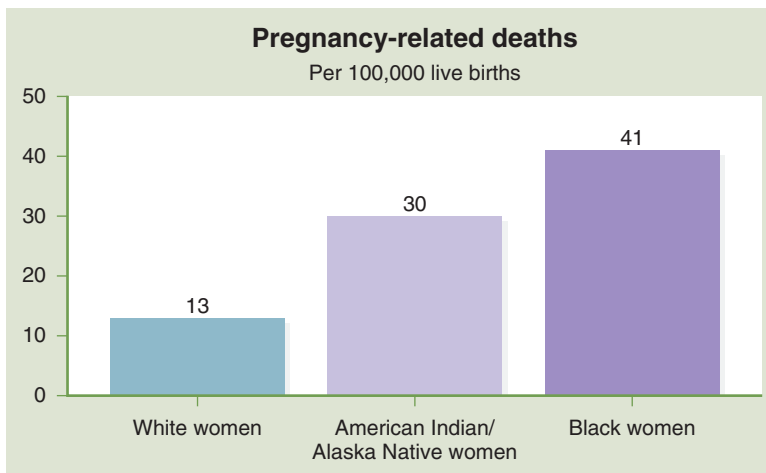


Figure 1.8 The risk of pregnancy-related death is higher for Black and American Indian/Alaska Native women.

Courtesy of the CDC. https://www.cdc.gov/mmwr/volumes/68/wr/social-media/mm6835a3_DisparitiesInMaternalMortality_06Sept19_Image_1200x675.jpg. Reference to specific commercial products, manufacturers, companies, or trademarks does not constitute its endorsement or recommendation by the U.S. Government, Department of Health and Human Services, or Centers for Disease Control and Prevention.

personnel. Black mothers with PhDs report being belittled and ignored by their OB/GYNs. Tennis star Serena Williams, was ignored by nurses and doctors when she was suffering from a pulmonary embolism; she was given pain medication when she needed a blood thinner. She almost died.¹⁷⁷ Williams said, “Doctors aren’t listening to us, quite frankly... I think there’s a lot of prejudging....”¹⁷⁸

The situation is even worse in one of the wealthiest cities in the United States—San Francisco. Black infants die at a rate 4 times higher than White infants. Half of the 10 mothers who died were Black. Is San Francisco worse to live in than the rest of the United States? The Black population plunged from 96,000 in 1970 to 43,000 in 2016. The city is segregated, with many Blacks living

on a former toxic waste site. The income gap is twice that of the nation—the median income for Whites is \$89,000; for Blacks, it is \$43,000.¹⁷⁹

This section is full of numbers, of statistics. However, it is important to remember that the statistics refer to real people, that each infant who dies leaves a heartbroken mother like Jasmine Ball, a San Franciscan who gave birth to twins weighing 1 pound each—one stillborn and one who lived for one hour. A doctor then told her not to worry, that she was young and could have more babies. Ms. Ball’s depression lasted 10 years.¹⁸⁰ Simone Landrum’s doctor ignored her swollen hands, face, and feet; her severe headaches; and her high blood pressure, all of which are symptoms of a serious condition. She ended up in the emergency room, bleeding heavily; her stillborn baby girl was delivered by Caesarian section. “I felt like giving up.”¹⁸¹

In the News

On July 9, 2020, *Rolling Stone* published “Death of Sha-Asia Washington, Pregnant 26-Year-Old Black Woman, Highlights Devastating Trend.” Black mothers are 3-4 times more likely to die in childbirth; a majority of these deaths are preventable. On July 2, 2020, Sha-Asia Washington died during an emergency C-section in a Brooklyn hospital. She was only 26 years old. She never got to meet the baby girl that she had looked forward to welcoming into the world. According to the family, she died because of the improper administration of an anesthetic, which she had first refused. Black mothers are more likely to feel pressured into accepting procedures during labor. This and the fact that doctors may dismiss patients’ reports of symptoms are illustrations of institutional racism in health care and may be contributing to the disparity in maternal death rate.

Data from Dickson, E. J. Death of Sha-Asia Washington, Pregnant 26-Year-Old Black Woman, Highlights Devastating Trend. 9 July 2020. <https://www.rollingstone.com/culture/culture-features/shaasia-washington-death-woodhull-hospital-black-maternal-mortality-rate-1026069/?fbclid=IwAR3chWpkeUXuY69WXQMotUHrpVt280taQMnoq6GksL7W37sM2bSk93HQKuE>. Accessed 14 July 2020.

Gender

Although the real wages of women have been rising since the 1980s,¹⁸² women are still more likely to live in poverty than men. Thirty-five percent of single women with children live in poverty.¹⁸³ Between 1996 and 2011, the number of families living in extreme poverty headed by a single woman tripled, according to the National Poverty Center.¹⁸⁴ Women and children constitute 70 percent of the poor in the United States. Part of this is due to the gender wage gap, which is currently about 20 percent; that means that, on average, women earn about 80 percent of what men earn (up from 60 percent in the 1970s). The current wage gap varies by state and occupation.¹⁸⁵ This gap had narrowed at the end of the 20th century but has stayed almost the same since the turn of the 21st century.¹⁸⁶ However, the pay gap is widening among medical professionals.¹⁸⁷

How can we account for the gender gap? One reason is that women tend to be concentrated in low-wage occupations like

retail, child care, and hospitality. But women are paid less than equally qualified men at every level.¹⁸⁸ A comprehensive study found that when women enter a previously male-dominated field, the pay declines. According to one of the authors of the study, “It’s not that women are always picking lesser things in terms of skill and importance. It’s just that the employers are deciding to pay it less.”¹⁸⁹

Women also pay a penalty for pregnancy and childbirth in lost days of work and lost wages. According to Michele Budig, a sociologist who does research into gender inequality and family policy, they also pay a penalty for each child they have. On average, fathers’ wages increase 6 percent per child while mothers’ wages decrease about 4 percent. Budig calls this the fatherhood bonus and the motherhood penalty. The bonus is greatest for men who earn the most and smallest or nonexistent for men at the bottom of the wage scale. The penalty is greatest for women at the bottom and nonexistent for women at the top.¹⁹⁰ One study showed that mothers’ salaries are, on average, lower than the salaries of women without children.¹⁹¹ Paid maternity leave and high-quality, low-cost child care could help close the gap between women and men. Yet the Organization for Economic Cooperation and Development ranks the United States last of its 35-member nations in national paid maternity leave.¹⁹²

Until the passage of the **Patient Protection and Affordable Care Act (ACA/Obamacare)**, which expanded access to health insurance, women could be charged more for health insurance than men. The ACA also required medical insurance to cover any contraceptive approved by the Food and Drug Administration (FDA). However, in 2017, the Trump administration “expand[ed] the rights of employers to deny women insurance coverage for contraception.”¹⁹³ This was upheld by the U.S. Supreme Court in 2020.¹⁹⁴

In the News

On November 17, 2020, *The New York Times* published “Recession With a Difference: Women Face Special Burden.” The COVID-19 pandemic has been especially hard on women. The first job losses were in retail, health care, and restaurants, where women dominate. Then state and local governments cut back—another area where women are the majority of workers. But the worst blow was the closing of schools and daycare centers. Mothers who still had jobs were saddled with child care and home schooling. Some had to cut back on hours of paid work. Others had to give up their jobs. When service industries started opening back up, some women were rehired. In October 2020, although the unemployment rate was slightly lower for women than men, “4.5 million fewer women [were] employed ... than there were a year ago, compared with 4.1 million men.” One-third of unemployed women aged 25–44 cited child care as the reason for their unemployment. The effects on poor and minority women and single mothers are the worst.

Data from Cohen, P. Recession With a Difference: Women Face Special Burden. 17 November 2020. <https://www.nytimes.com/2020/11/17/business/economy/women-jobs-economy-recession.html?searchResultPosition=3>. Accessed 26 October 2022.

Sexual Orientation and Gender Identity

Individuals who do not conform to traditional gender roles, whether gay, lesbian, bisexual, transgender, or non-binary, may be subject to discrimination by health care providers, rejection by families, and bullying. One of the authors, a high school teacher, has had to report bullying witnessed firsthand, as one of her students attending class would be harassed and bullied in the hallway. Economically, non-transgender men and lesbians experience the same rate of poverty as heterosexuals. However, bisexual women and transgender people

are much more likely to live in poverty—with a poverty rate of 30 percent. Transgender people are more likely to have unstable housing and to face violence.¹⁹⁵ Homophobia and discrimination against gay and bisexual men affect their ability to access health care and the quality of the health care they get. Hiding your identity causes stress.¹⁹⁶ The consequences of this can range from poorer health outcomes to suicide. According to the CDC, in 2014, gay and bisexual men accounted for 83 percent of new AIDS diagnoses. Gay men are at higher risk for some cancers and sexually transmitted infections.¹⁹⁷

Lesbian and bisexual women also experience prejudice and discrimination and the stress that goes with having to hide your identity.¹⁹⁸ Additionally, they suffer from health disparities. Lesbians and bisexual women are at higher risk for some cancers.¹⁹⁹ They are more likely to develop breast cancer but less likely to go for cancer screenings. They are more likely to be victims of violence than heterosexual women and more likely to abuse alcohol and some drugs.²⁰⁰

Perhaps transgender youths experience the most discrimination of any sexual minority. Transgender adolescents are more likely to attempt suicide than their peers.²⁰¹ The U.S. Transgender Survey questioned 6,450 transgender and gender nonconforming people in 2012. It found that they experienced discrimination in the workplace and from the medical profession. The discrimination was worse for transgender Black people than for any other group. People in the sample were four times as likely as the general population to live in extreme poverty. Transgender adults were more likely²⁰² to attempt suicide than the general population, even more likely if they had lost a job, were bullied or had been assaulted, or were poor.²⁰³

People who are transgender also experience discrimination in medical settings. Nineteen percent of respondents reported being refused care; 28 percent said they put off going to the doctor because they were

discriminated against and not treated with respect; 28 percent said they were harassed when they went for medical treatment; 50 percent said that the medical community needed to be educated on transgender care. One survey participant reported, “Finding doctors who will treat, will prescribe, and will even look at you like a human being rather than a thing has been problematic. [I] have been denied care by doctors and major hospitals so much that I now use only urgent care physician assistants, and I never reveal my gender history.”²⁰⁴

Inequality and Health Disparities

The United States is a wealthy, industrialized nation, and its health statistics should be compared to other high-income nations. The most basic health metric is life expectancy.²⁰⁵ Health disparities between the United States and other industrialized countries have continued to grow as income and wealth inequality grows. In 1980, the U.S. ranked 13th among industrialized nations in life expectancy for girls; by 2015, it had fallen to 29th. In 1980, the United States and Germany had the same infant mortality rate. By 2015, the rate of infant mortality in the United States was almost twice that of Germany. A 2010 report by UNICEF found that the United States ranked 23rd out of 24 nations on the welfare of its poorest children.²⁰⁶ According to a 2017 report by National Public Radio and ProPublica, the U.S. now has the highest maternal death rate in the developed world, and the rate is rising.²⁰⁷ Maternal mortality in the United States is worse now than it was a quarter century ago. Only 12 other countries share that honor with us.²⁰⁸

For the first time in many years, life expectancy among White men in the United States decreased in 2014. Research found the death rate rising among less educated Whites (those

with no more than a high school education). The trend includes White men between 20 and 60. Several studies point to drug overdoses, liver disease, and suicide as the causes.²⁰⁹ As we note, diseases of despair such as suicide and drug overdoses are rising; perhaps this is the place to point out that money does buy happiness: According to a 2019 survey by NPR and the Robert Wood Johnson Foundation (as reported in the *Washington Post*): Those in the top 1 percent are virtually all satisfied with their lives. This compares to those earning more than \$500,000 per year, with 90 percent reporting they are satisfied. Only 44 percent of those earning less than \$35,000 per year are satisfied.²¹⁰ At the other end of the happiness/income scale, one study found that increasing the minimum wage appears to decrease the suicide rate.²¹¹ According to a CDC Health Survey, between 1993 and 2017, as income inequality grew and the health of the wealthiest stayed the same, the health of the poor declined. The survey also found that during those years, the racial health gap narrowed.²¹² Perhaps nothing illustrates the effects of both economic and racial inequality on health better than the COVID-19 pandemic, which has had a disproportionate impact on Blacks, Hispanics, and Native Americans, who experience higher rates of infection and more severe disease²¹³ (see chapter 10).

Conclusion

The United States is a wealthy country that spends a great deal on health care but not on public health. It is also a nation with vast economic, racial, and gender inequalities. You are more likely to be poor if you are Black and female than if you are White and male. Some people are very rich, and some people are very poor. Both poverty and inequality affect the health of individuals and of the nation. Higher education, which used to be a path to a middle-class existence, is more and more restricted to those

whose parents have a college education. On common public health metrics like infant and maternal mortality, we are below other wealthy industrialized countries. There are health disparities between Whites and people of color, including in life expectancy.

Chapter Summary

- This chapter discusses the social determinants of health.
- The U.S. includes both people enjoying extreme wealth and those living in abject poverty, and the gap between them is growing. Both absolute poverty and inequality negatively affect health. Racism has an independent negative effect. On average, rich people live longer than poor people; White people live longer than Black people.
- Both income and wealth inequality have been increasing in the U.S.
- Poverty is associated with hunger and food insecurity, restricted housing opportunities and homelessness, increased stress, and poor educational opportunities, which are associated with poor health outcomes.
- Rural populations also suffer from health disparities.
- The middle class is experiencing insecurity; currently, fewer people see themselves as safely middle class.
- There is a racial wealth gap and a racial income gap, which are both growing.
- Mass incarceration impacts the Black community and the poor disproportionately, not because of a higher crime rate but because of a higher arrest and conviction rate.
- There is a gap between White and Black life expectancy. Other health disparities persist. The disparities can be traced to both racism and economic factors.
- Structural or institutional racism involves institutions that, regardless of intent, have a disproportionately negative effect on a group. It leads to adverse health outcomes.

- The gender wage gap persists. Women are more likely to be poor than men. Part of this is due to the fact that women are concentrated in low-wage work, but even in the same job, women are paid less than men.
- Health disparities between the United States and other industrialized countries have continued to grow as income and wealth inequalities have grown in the United States.

Review Exercises

True/False

1. There is a gap in life expectancy between the rich and the poor in the U.S.
2. Wealth and income inequality have been increasing since 1967.
3. The less education you have, the better your health.
4. Poverty affects life expectancy.
5. As incomes rise, stress levels rise.
6. Stress has a negative effect on both physical and mental health.
7. The United States has the highest child mortality rate of the top 20 nations and the highest child poverty rate in the developed world.
8. There is no gap between the wages of Black and White workers in the United States.
9. Mass incarceration has no effect on health.
10. There is a gap in life expectancy between Blacks and Whites.
11. Wealth is less unevenly distributed than income.
12. Racism negatively affects health.
13. Between 1980 and 2016, the share of the top 1 percent of wage earners grew, while the share of the bottom 50 percent dropped.
14. Both absolute poverty and social inequality are important determinants of health.
15. Currently, a large majority of Americans see themselves as solidly middle class.
16. Women are more likely to live in poverty than men.
17. There is no gender wage gap for doctors.
18. When women enter a previously male-dominated field, the pay declines.
19. Transgender adolescents are less likely to attempt suicide than their peers.
20. Minimum wage increases appear to reduce the suicide rate among those with a high school education or less.

Fill in the Blank

1. _____ includes what you earn—your wage or salary.
2. _____ refers to what you own, your assets minus your debt.
3. _____ income refers to the income in the middle of an income distribution, with half the incomes above it and half below.
4. A food _____ family does not have the money to buy enough food to feed everyone in the household.
5. _____ labeled neighborhoods with large Black populations as “hazardous,” making it impossible to get a mortgage.

6. _____ or _____ refer to negative feelings and actions by individuals toward people because they belong to another race or ethnicity.
7. _____ or institutional racism involves institutions that have a disproportionately negative effect on a group; in the U.S., the group is people of color.
8. _____ refers to the practice of targeting people believed to be more likely to commit crimes.
9. _____ policies allow a police officer to stop anyone without arrest and search for weapons and drugs based on “reasonable suspicion” that the person has committed or will commit a crime.
10. As years of _____ decline, the chances of being poor increase.

Critical Thinking

1. What proposals would you offer to address the problem of structural racism?
2. What efforts would you suggest to eliminate health inequities in our society?
3. How do the following socioeconomic factors—income, wealth, and education—affect health outcomes?
4. Explain and provide examples of how food insecurity and homelessness contribute to poor health.

Online Resources

<https://realtimeinequality.org>
www.healthline.com/health/transgender/what-is-cis#takeaway
www.cbsnews.com/news/black-at-instagram-students-private-school-racism-social-media/
<https://tcf.org>
www.pbs.org/video/how-economic-inequality-might-affect-a-society-s-well-being-1551403445/

<https://graphics.reuters.com/GLOBAL-RACE/USA/nmopajawjva/#life-expectancy>
www.pbs.org/wgbh/frontline/?utm_source=Iterable&utm_medium=email&utm_campaign=ICYMI&utm_content=052321
www.youtube.com/watch?v=uYVLaGOUHhA
www.youtube.com/watch?v=IFk5qQXXLNy&feature=youtu.be

References

1. Leonhardt, D. Top colleges are cheaper than you think (unless you're rich). 5 June 2018. <https://www.nytimes.com/interactive/2018/06/05/opinion/columnists/what-college-really-costs.html?action=click&pgtype=Homepage&clickSource=story-heading&module=opinion-c-col-left-region®ion=opinion-c-col-left-region&WT.nav=opinion-c-col-left-region>. Accessed 5 June 2018.
2. CDC. Social Determinants of Health: Know What Affects Health. 19 August 2020. <https://www.cdc.gov/socialdeterminants/>. Accessed 12 January 2021.
3. WHO. Social determinants of health. 2021. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1. Accessed 13 January 2021.
4. Braverman, P., & Gottlieb, L. The social determinants of health: It's time to consider the causes of causes. Jan-Feb 2014. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863696/>. Accessed 13 January 2021.
5. How does level of education relate to poverty? Official data breakdown. 2015. <https://poverty.ucdavis.edu/faq/how-does-level-education-relate-poverty>. Accessed 4 July 2018.
6. Marmot, M. *The Health Gap: The Challenge of an Unequal World*. Bloomsbury Press, New York and London. 2015. pp. 150-151.
7. Kristoff, N. D., & WuDunn, S. *Tightrope*. Alfred Knopf. NY. 2020. p. 44.
8. Porter, E. Education gap between rich and poor is growing wider. 22 September 2015. <https://www>

- .nytimes.com/2015/09/23/business/economy/education-gap-between-rich-and-poor-is-growing-wider.html. Accessed 3 July 2018.
9. Brownstein, R. American higher education hits a dangerous milestone. May 3, 2018. <https://www.theatlantic.com/politics/archive/2018/05/american-higher-education-hits-a-dangerous-milestone/559457/>. Accessed 8 January 2020.
 10. Emmons, W., Kent, A., & Ricketts, L. Is college still worth it? The new calculus of falling returns. Fourth Quarter 2019. Federal Reserve Bank of St. Louis Review. <https://files.stlouisfed.org/files/htdocs/publications/review/2019/10/15/is-college-still-worth-it-the-new-calculus-of-falling-returns.pdf>. Accessed 8 January 2020.
 11. Lowrey, A. The college wealth premium has collapsed. 8 January 2020. <https://www.theatlantic.com/ideas/archive/2020/01/college-wealth-premium-collapsed/604579/>. Accessed 8 January 2020.
 12. Czapp, P., & Kovach, K. Poverty and health - the family medicine perspective. (Position paper). 2015. <https://www.aafp.org/about/policies/all/policy-povertyhealth.html>. Accessed 27 June 2018.
 13. Ansell, D. A. *The Death Gap: How Inequality Kills*. University of Chicago Press. 2017. P. xiii.
 14. Chetty, R., Stepner, M., Abraham, S., Lin, S., & Scuderi, B. The association between income and life expectancy in the United States, 2001–2014. April 2016. https://healthinequality.org/documents/paper/healthineq_summary.pdf. Accessed 4 July 2018.
 15. Dordrecht. https://doi.org/10.1007/978-1-4020-9160-5_178. https://link.springer.com/referenceworkentry/10.1007%2F978-1-4020-9160-5_178. Accessed 12 January 2021.
 16. International Journal of Sociology and Social Policy. Blackburn, R. M. What is social inequality? 1981. <https://www.emerald.com/insight/publication/issn/0144-333X>. Accessed 13 January 2021.
 17. Ansell. *The Death Gap*. p 11.
 18. Sainato, M. The Americans dying because they can't afford medical care. 7 January 2020. https://www.theguardian.com/us-news/2020/jan/07/americans-healthcare-medical-costs?CMP=share_btn_tw&fbclid=IwAR388g_tvnZhoFes53BQxci0WRjg5_wgTiovx4D7A9wWmbkoiGde8_AeGRE. Accessed 9 January 2020.
 19. Simon, K. M., Beder, M., & Manseau, M. W. Addressing poverty and mental illness. 29 June 2018. <https://www.psychiatristictimes.com/view/addressing-poverty-and-mental-illness>. Accessed 17 July 2020.
 20. Jordan, R. Poverty's toll on mental health. 25 November 2013. <https://www.urban.org/urban-wire/poverty-s-toll-mental-health>. Accessed 17 July 2020.
 21. Lardner, J., & Smith, D. A., eds. *Inequality Matters*. New York. The New Press. 2005. Murray, C. J. L. Ranking 37th—measuring the performance of the U.S. health care system. 26 March 2017. <http://www.nejm.org/doi/pdf/10.1056/NEJMp0910064>. Accessed 26 March 2017. US health system ranks last among eleven countries on measures of access, equity, quality, efficiency, and healthy live: investment in primary care is essential to improving access and care coordination as Affordable Care Act expands coverage. 16 June 2014. <http://www.commonwealthfund.org/publications/press-releases/2014/jun/us-health-system-ranks-last>. Accessed 12 November 2020.
 22. Lardner, & Smith. *Inequality Matters*.
 23. Statement on visit to the USA, by Professor Philip Alston, United Nations Special Rapporteur on extreme poverty and human rights. Washington. 15 December 2017. <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22533&LangID=E>. Accessed 12 November 2020. Kinkade, L. America's poor becoming more destitute under Trump, UN report says. 22 June 2018. <https://www.cnn.com/2018/06/22/us/america-poverty-un-report/index.html>. Accessed 5 July 2018.
 24. Statement on visit to the USA, by Professor Philip Alston, United Nations Special Rapporteur on extreme poverty and human rights. Washington. 15 December 2017. <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22533&LangID=E>. Accessed 12 November 2020. Kinkade, L. America's poor becoming more destitute under Trump, UN report says. 22 June 2018. <https://www.cnn.com/2018/06/22/us/america-poverty-un-report/index.html>. Accessed 5 July 2018.
 25. Child Trends. (2019). *Adverse experiences*. <https://www.childtrends.org/?indicators=adverse-experiences>. Accessed 13 January 2021.
 26. CDC. Adverse childhood experiences. 5 November 2019. <https://www.cdc.gov/vitalsigns/aces/index.html>. Accessed 14 January 2021.
 27. Heiman, H. J., & Artiga, S. Beyond health care: The role of social determinants in promoting health and health equity. 4 November 2015. <https://health.maryland.gov/healthcenterprizezones/Documents/Kaiser%20Family%20Foundation%20Issue%20Brief.pdf>. Accessed 15 September 2020.
 28. Reich, R. The rise of the working poor and the non-working rich. 30 May 2015. https://www.huffingtonpost.com/robert-reich/working-poor-non-working-rich_b_6973822.html. Accessed 11 July 2018.
 29. Lantz, P. M., & Pritchard, A. (2010). Socioeconomic indicators that matter for population health. *Preventing Chronic Disease*, 7(4). http://www.cdc.gov/pcd/issues/2010/jul/09_0246.htm. Accessed 7 August 2019.
 30. Weller, C. Chronic stress is killing people in poverty, women especially: CDC report. 2 June 2015. <https://www.medicaldaily.com/chronic-stress>

- killing-people-poverty-women-especially-cdc-report-336170. Accessed 7 August 2019. Weissman J. Serious psychological distress among adults: United States, 2009–2013. <https://www.cdc.gov/nchs/data/databriefs/db203.pdf>. Accessed 7 August 2019.
31. Coates, T. The Black family in the age of mass incarceration. October 2015. <https://www.theatlantic.com/magazine/archive/2015/10/the-black-family-in-the-age-of-mass-incarceration/403246/>. Accessed 5 July 2018.
 32. Desilver, D. U.S. income inequality, on rise for decades, is now highest since 1928. 5 December 2013. <http://www.pewresearch.org/fact-tank/2013/12/05/u-s-income-inequality-on-rise-for-decades-is-now-highest-since-1928/>. Accessed 26 March 2017.
 33. Wilson, V., & Rodgers, R. M. III. Black-white wage gaps expand with rising wage inequality. 20 September 2016. <https://www.epi.org/publication/black-white-wage-gaps-expand-with-rising-wage-inequality/>. Accessed 28 June 2018.
 34. Current US poverty statistics. 2015. <https://kairoscenter.org/wp-content/uploads/2015/02/Poverty-Fact-Sheet-Feb-2015-final.pdf>. Accessed 31 March 2017.
 35. DePillis, L. America's wealth gap is bigger than ever. 3 November 2017. <http://money.cnn.com/2017/11/03/news/economy/wealth-gap-america/index.html>. Accessed 25 June 2018.
 36. Henderson, A. Income inequality in the U.S. is even worse than you've been led to believe. 10 March 2018. https://www.salon.com/2018/03/10/income-inequality-in-the-u-s-is-even-worse-than-you-have-been-led-to-believe_partner/. Accessed 25 June 2018.
 37. Levitz, E. Study: Inequality robs \$2.5 trillion from U.S. workers each year. 14 September 2020. https://nymag.com/intelligencer/2020/09/rand-study-how-high-is-inequality-us.html?fbclid=IwAR1VnzQdVZMMp212-0fA7dgQ_natZMQe7OStsK0HhAvignAqCxx_veKb0pQ. Accessed 7 October 2020. Price, C. C., & Edwards, K. A. Trends in Income From 1975 to 2018. Santa Monica, CA: RAND Corporation, 2020. https://www.rand.org/pubs/working_papers/WRA516-1.html. Accessed 7 October 2020.
 38. Current US poverty statistics. 2015. <https://kairoscenter.org/wp-content/uploads/2015/02/Poverty-Fact-Sheet-Feb-2015-final.pdf>. Accessed 31 March 2017.
 39. DePillis, L. America's wealth gap is bigger than ever. 3 November 2017. <http://money.cnn.com/2017/11/03/news/economy/wealth-gap-america/index.html>. Accessed 25 June 2018.
 40. Henderson, A. Income inequality in the U.S. is even worse than you've been led to believe. 10 March 2018. https://www.salon.com/2018/03/10/income-inequality-in-the-u-s-is-even-worse-than-you-have-been-led-to-believe_partner/. Accessed 25 June 2018.
 41. Vanden, H. K. Trump's tax-cut scam will only deepen racism and inequality. 26 June 2018. https://www.washingtonpost.com/opinions/trumps-tax-cut-scam-will-only-deepen-racism-and-inequality/2018/06/26/d0725616-7889-11e8-93cc-6d3beccdd7a3_story.html?noredirect=on&utm_term=.1b745f12f267. Accessed 4 July 2018. Clemente, F. Eight ways the Trump-GOP tax cuts have made the rich richer while failing working families. 3 January 2020. <https://inequality.org/research/trump-tax-cuts-inequality/>. Accessed 9 September 2022.
 42. CBO. Projected changes in the distribution of household income, 2016 to 2021. December 2019. <https://www.cbo.gov/system/files/2019-12/55941-CBO-Household-Income.pdf>. Accessed 7 July 2020.
 43. Institute for Policy Studies. Covid-19 and inequality. 2020. <https://inequality.org/facts/inequality-and-covid-19/>. Accessed 16 January 2021.
 44. Sherman, E. America is the richest, and most unequal, country. 30 September 2015. <http://fortune.com/2015/09/30/america-wealth-inequality/>. Accessed 13 June 2018. Goodman, J. Bernie Sanders 2020: Is US inequality the highest? 8 March 2019. <https://www.bbc.com/news/world-us-canada-47456308>. Accessed 19 October 2020.
 45. Semega, J. L., Fontenot, K. R., & Kollar, M. A. Income and poverty in the United States: 2016. 12 September 2017. <https://www.census.gov/library/publications/2017/demo/p60-259.html>. Accessed 19 June 2018. Semega, J., Kollar, M., Creamer, J., & Mohanty, A. Income and Poverty in the United States: 2018. 10 September 2019. <https://www.census.gov/library/publications/2019/demo/p60-266.html#:~:text=Poverty%3A%20The%20official%20poverty%20rate%20in%2018%20was,percentage%20points%2C%20from%2014.8%20percent%20to%2011.8%20percent>. Accessed 14 July 2020.
 46. Why are people homeless? <http://nationalhomeless.org/about-homelessness/>. Accessed 19 June 2018.
 47. America's poor becoming more destitute under Trump, UN report says. 22 June 2018. <https://www.cnn.com/2018/06/22/us/america-poverty-un-report/index.html>. Accessed 5 July 2018.
 48. Semega, J., Fontenot, K. R., & Kollar, M. A. Income and poverty in the United States: 2016. 12 September 2017. <https://www.census.gov/library/publications/2017/demo/p60-259.html>. Accessed 19 June 2018. Semega, J., Kollar, M., Creamer, J., & Mohanty, A. Income and Poverty in the United States: 2018. 10 September 2019. <https://www.census.gov/library/publications/2019/demo/p60-266.html#:~:text=Poverty%3A%20The%20official%20poverty%20rate%20in%20>

- 2018%20was,percentage%20points%2C%20from%2014.8%20percent%20to%2011.8%20percent. Accessed 14 July 2020.
49. Kristof, N. America is guilty of neglecting kids: Our own. 27 June 2018. <https://www.nytimes.com/2018/06/27/opinion/nikki-haley-united-states-extreme-poverty.html>. Accessed 28 June 2018. Semega, J., Kollar, M., Creamer, J., & Mohanty, A. Income and poverty in the United States: 2018. 10 September 2019. [https://www.housingwire.com/articles/30691-9-ways-the-lack-of-affordable-housing-is-hurting-america](https://www.census.gov/library/publications/2019/demo/p60-266.html#:~:text=Poverty%3A%20The%20official%20poverty%20rate%20in%202018%20was,percentage%20points%2C%20from%2014.8%20percent%20to%2011.8%20percent. Accessed 14 July 2020.
50. Garrison, T. 9 ways the lack of affordable housing is hurting America. 17 July 2014. <a href=). Accessed 19 June 2018.
 51. Who experiences homelessness? 2019. <http://nationalhomeless.org/about-homelessness/>. Accessed 30 January 2020. Why are people homeless? 2019. <http://nationalhomeless.org/about-homelessness/>. Accessed 30 January 2020. America's homeless population rises for the first time since the Great Recession. 5 December 2017. <https://www.theguardian.com/us-news/2017/dec/05/america-homeless-population-2017-official-count-crisis>. Accessed 19 June 2018.
 52. Raphling, J. Criminalizing homelessness violates basic human rights. 5 July 2018. <https://www.thenation.com/article/criminalizing-homelessness-violates-basic-human-rights/>. Accessed 8 July 2018.
 53. What does it feel like to be homeless and poor in America? 20 August 2017. <https://www.quora.com/What-does-it-feel-like-to-be-homeless-and-poor-in-America>. Accessed 3 July 2018.
 54. Santos, F. Elderly and homeless: America's next housing crisis. 30 September 2020. <https://www.nytimes.com/2020/09/30/magazine/homeless-seniors-elderly.html>. Accessed 14 January 2021.
 55. Why are people homeless? 2019. <http://nationalhomeless.org/about-homelessness/>. Accessed 30 January 2020.
 56. Groden, C. Not a single U.S. county has enough affordable housing. 19 June 2015. <http://fortune.com/2015/06/19/affordable-housing/>. Accessed 19 June 2018. Jaeger, K. The U.S. has an affordable housing problem. 5 April 2016. <https://www.attn.com/stories/7095/new-report-reveals-affordable-housing-crisis-united-states>. Accessed 19 June 2018. Gibson, K. Minimum wage doesn't cover the rent anywhere in the U.S. 14 June 2018. <https://www.cbsnews.com/news/minimum-wage-doesnt-cover-the-rent-anywhere-in-the-u-s/>. Accessed 26 June 2018.
 57. Kristof, N. America is guilty of neglecting kids: Our own. 27 June 2018. <https://www.nytimes.com/2018/06/27/opinion/nikki-haley-united-states-extreme-poverty.html>. Accessed 28 June 2018.
 58. Fessler, P. Lack of affordable housing puts the squeeze on poor families. 27 May 2014. <https://www.npr.org/2014/05/27/316110665/lack-of-affordable-housing-puts-the-squeeze-on-poor-families>. Accessed 19 June 2018.
 59. Haag, M. Silicon Valley's newest rival: The banks of the Hudson. 5 January 2020. <https://www.nytimes.com/2020/01/05/nyregion/nyc-tech-facebook-amazon-google.html?searchResultPosition=1>. Accessed 5 January 2020.
 60. Chen, S. The decade dominated by the ultraluxury condo. 10 January 2020. <https://www.nytimes.com/2020/01/10/realestate/new-york-decade-real-estate.html?action=click&module=Editors%20Picks&pgtype=Homepage>. Accessed 10 January 2020.
 61. Gibson, K. Minimum wage doesn't cover the rent anywhere in the U.S. 14 June 2018. <https://www.cbsnews.com/news/minimum-wage-doesnt-cover-the-rent-anywhere-in-the-u-s/>. Accessed 26 June 2018.
 62. Robertson, M. A six-figure salary is considered 'low income' in San Francisco, and the threshold is rising. June 26, 2018. <https://www.sfgate.com/expensive-san-francisco/article/low-income-families-sf-bay-area-hud-statistics-13024580.php>. Accessed 26 June 2018.
 63. USDA. One in seven households with children were affected by food insecurity in 2018. 12 September 2019. <https://www.ers.usda.gov/data-products/chart-gallery/gallery/chart-detail/?chartId=58390>. Accessed 16 July 2020.
 64. The Annie E. Casey Foundation. Hunger a harsh reality for 14 million children nationwide. 2 April 2018. http://www.aecf.org/blog/hunger-a-harsh-reality-for-14-million-children-nationwide/?msclkid=a79220aa5d8d1bcc1fb17b835a6a2a9e&utm_source=bing&utm_medium=cpc&utm_campaign=AECF%20Site&utm_term=world%20hunger%20statistics&utm_content=Child%20Hunger. Accessed 19 June 2018.
 65. America's poor becoming more destitute under Trump, UN report says. 22 June 2018. <https://www.cnn.com/2018/06/22/us/america-poverty-un-report/index.html>. Accessed 5 July 2018. Feeding America. 2020. <https://www.feedingamerica.org>. Accessed 16 July 2020.
 66. Kulish, N. 'Never seen anything like it': Cars line up for miles at food banks. 8 April 2020 Updated 6 May 2020. <https://www.nytimes.com/2020/04/08/business/economy/coronavirus-food-banks.html>. Accessed 15 July 2020.
 67. The impact of the Coronavirus on local food insecurity. 19 May 2020. https://www.feedingamerica.org/sites/default/files/2020-05/Brief_Local%20Impact_5.19.2020.pdf. Accessed 16 July 2020.
 68. Holloway, M. When there's no heat: 'You need wood, you get wood.' Published 19 February 2021 Updated 19 February 2021. <https://www.nytimes.com/2021/02/19/climate/wood-banks-winter-maine>

- .html?action=click&module=Editors%20Picks&pgtype=Homepage. Accessed 24 February 2021.
69. Rural America. <https://mtgis-portal.geocensus.gov/arcgis/apps/MapSeries/index.html?appid=49cd4bc9c8eb444ab51218c1d5001ef6>. Accessed 17 January 2021.
 70. RHIhub. Rural health disparities. 22 April 2019. <https://www.ruralhealthinfo.org/topics/social-determinants-of-health>. Accessed 13 January 2021.
 71. Matthews, K. A., Croft, J. B., Liu, Y., Lu, H., Kanny, D., Wheaton, A. G., Cunningham, T. J., Khan, L. K., Caraballo, R. S., Holt, J. B., Eke, P. I., & Giles, W. H. Health-related behaviors by urban-rural county classification — United States, 2013. <https://www.cdc.gov/mmwr/volumes/66/ss/ss6605a1.htm>. Accessed 13 January 2021.
 72. RHIhub. Rural health disparities. 22 April 2019. <https://www.ruralhealthinfo.org/topics/social-determinants-of-health>. Accessed 13 January 2021.
 73. CDC. About chronic diseases. 17 November 2020. <https://www.cdc.gov/chronicdisease/about/index.htm>. Accessed 13 January 2021.
 73. Pew Research Center. Kochhar, R., Fry, R., & Rohal, M. The American middle class is losing ground. 9 December 2015. <https://www.slideshare.net/LuisTaverasMBAMS/the-american-middle-class>. Accessed 21 November 2020.
 74. Horowitz, J. M., Igielnik, R., & Kichhar, R. Trends in income and wealth inequality. 9 January 2020. <https://www.pewsocialtrends.org/2020/01/09/trends-in-income-and-wealth-inequality/>. Accessed 20 November 2020.
 74. Kochhar, R. The American middle class is stable in size, but losing ground financially to upper-income families. 6 September 2018. <https://www.pewresearch.org/fact-tank/2018/09/06/the-american-middle-class-is-stable-in-size-but-losing-ground-financially-to-upper-income-families/>. Accessed 21 November 2020.
 75. Quart, A. *Squeezed: Why our families can't afford America*. HarperCollins Ecco. 2018. p. 5.
 76. Trinko, K. You won't believe how many food stamp recipients have attended college. 27 January 2014. <https://www.dailysignal.com/2014/01/27/wont-believe-many-food-stamp-recipients-attended-college/>. Accessed 8 August 2019.
 77. Silva, C. Food insecurity in the U.S. by the numbers. 27 September 2020. <https://www.npr.org/2020/09/27/912486921/food-insecurity-in-the-u-s-by-the-numbers>. Accessed 9 November 2020.
 78. Getlem, L. Why the middle class can't afford life in America anymore. 23 June 2018. <https://nypost.com/2018/06/23/why-the-middle-class-cant-afford-life-in-america-anymore/>. Accessed 26 June 2018.
 78. Quart. *Squeezed*. pp. 5, 8–9, 35.
 79. Federal Reserve. Report on the economic well-being of U.S. households in 2015. May 2016. <https://www.federalreserve.gov/2015-report-economic-well-being-us-households-201605.pdf>. Accessed 8 August 2019.
 - Mui, Y. Q. The shocking number of Americans who can't cover a \$400 expense. 25 May 2016. https://www.washingtonpost.com/news/wonk/wp/2016/05/25/the-shocking-number-of-americans-who-cant-cover-a-400-expense/?utm_term=.f411a0724317. Accessed 8 July 2020.
 80. Ture, K., & Hamilton, C. V. *Black power*. Vintage Books. New York. 1967. p. 4.
 81. Head, T. The definition of institutional racism. 16 July 2019. <https://www.thoughtco.com/what-is-institutional-racism-721594>. Accessed 28 June 2020.
 82. Murphey, R. Why we need clear distinctions between systemic and individual racism. 1 December 2017. <https://ivn.us/2017/12/01/clear-distinctions-systemic-individual-racism/>. Accessed 26 June 2020.
 83. *The Lancet*. Editorial. America, all things not being equal. 8 April 2017. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30939-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30939-X/fulltext). Accessed 7 July 2020.
 84. O'Brien, R., Neman, T., Seltzer, N., Evans, L., & Venkataramani, A. Structural racism, economic opportunity and racial health disparities: Evidence from U.S. counties. 9 March 2020. <https://www.sciencedirect.com/science/article/pii/S2352827319303623>. Accessed 7 July 2020.
 85. Kijakazi, K., Brown, K. S., Charleston, D., & Runes, C. Urban Institute. Elevate the debate. https://next50.urban.org/sites/default/files/2019-05/2019.05.12_Next50%20structural%20racism_finalized%20%281%29.pdf. Accessed 1 July 2020.
 86. Moore, K. Structural racism is a public health crisis. 27 May 2020. <https://www.naacpldf.org/naacp-publications/ldf-blog/structural-racism-is-a-public-health-crisis/>. Accessed 16 November 2020.
 87. Structural racism case study. 18 April 2019. <https://www.rushu.rush.edu/news/structural-racism-case-study>. Accessed 1 July 2020.
 88. Kijakazi, K. COVID-19 racial health disparities highlight why we need to address structural racism. 10 April 2020. <https://www.urban.org/urban-wire/covid-19-racial-health-disparities-highlight-why-we-need-address-structural-racism>. Accessed 1 July 2020.
 89. Forde, A. T., Sims, M., Muntner, P., Lewis, T., Onwuka, A., Moore, K., & Roux, A. V. D. Discrimination and hypertension risk among African Americans in the Jackson heart study. 1 July 2020. https://www.aha.journals.org/doi/10.1161/HYPERTENSIONAHA.119.14492?utm_source=STAT+Newsletters&utm_campaign=a3d398e6b0-MR_COPY_01&utm_medium=email&utm_term=0_8cab1d7961-a3d398e6b0-149543125&. Accessed 8 October 2020.
 90. Gee, G. C. & Ford, C. L. April 2011. Structural racism and health inequities. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4306458/>. Accessed 7 July 2020.

91. Racial disproportionality in school discipline: Implicit bias is heavily implicated. 2015. <http://kirwaninstitute.osu.edu/racial-disproportionality-in-school-discipline-implicit-bias-is-heavily-implicated/>. Accessed 10 November 2020. Vega, T. Schools' discipline for girls differs by race and hue. 10 December 2014. <https://www.nytimes.com/2014/12/11/us/school-discipline-to-girls-differs-between-and-within-races.html?searchResultPosition=1>. Accessed 10 November 2020.
92. Pusey, S. 5 practices of educators who prioritize equity. 11 December 2020. <https://www.schoolnews.com/2020/12/11/5-practices-prioritize-equity/?ps=lillianburke%40hotmail.com-001300000j0ZTW-003300000q5u2C&resmc=199635>. Accessed 17 January 2021.
93. Black @: Private education and race. September 2020. <https://www.cbsnews.com/feature/black-at-schools-private-education-race/?ftag=CNM-00-10abc9d>. Accessed 1 October 2020.
94. DeAngeles, T. Unmasking 'racial micro aggressions.' February 2009. <https://www.apa.org/monitor/2009/02/microaggression>. Accessed 1 October 2020.
95. Black @: Private education and race. September 2020. <https://www.cbsnews.com/feature/black-at-schools-private-education-race/?ftag=CNM-00-10abc9d>. Accessed 1 October 2020.
96. Desmond-Harris, J. Are Black communities over policed or underpoliced? Both. 14 April 2015. <https://www.vox.com/2015/4/14/8411733/black-community-policing-crime>. Accessed 7 July 2020.
97. NORML. Racial disparity in marijuana arrests. 2020. <https://norml.org/marijuana/fact-sheets/racial-disparity-in-marijuana-arrests/>. Accessed 7 July 2020.
98. Berdejó, C. Criminalizing race: Racial disparities in plea bargaining. [Abstract]. *Boston College Law Review*, Vol. 59, 2018 (Forthcoming). 29 September 2017. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3036726. Accessed 14 July 2020. Burton, G. Bias in plea bargains may contribute to mass incarceration of African-Americans, study finds. 25 October 2017. <https://www.usatoday.com/story/news/crime/2017/10/25/bias-plea-bargains-may-contribute-mass-incarceration-african-americans-study-finds/799022001/>. Accessed 14 July 2020.
99. Sherburne, M. Police: Sixth-leading cause of death for young black men. 5 August 2019. <https://news.umich.edu/police-sixth-leading-cause-of-death-for-young-black-men/>. Accessed 14 July 2020.
100. Haskins, J. Implicit racial bias found to influence police shootings. April 2017. <http://thenationshealth.afhpublications.org/content/47/2/E4>. Accessed 2 July 2020.
101. Nittle, N. K. Racial profiling and why it hurts minorities. 25 May 2019. <https://www.thoughtco.com/racial-profiling-how-it-hurts-minorities-2834860>. Accessed 3 July 2020.
102. Nittle, N. K. 5 examples of institutional racism in the United States. 22 June 2020. <https://www.thoughtco.com/examples-of-institutional-racism-in-the-u-s-2834624>. Accessed 1 July 2020. Andrews, E. Stanford researchers develop new statistical test that shows racial profiling in police traffic stops. 28 June 2016. <https://news.stanford.edu/2016/06/28/stanford-researchers-develop-new-statistical-test-shows-racial-profiling-police-traffic-stops/>. Accessed 1 July 2020.
103. Stop and frisk statute. <https://www.merriam-webster.com/legal/stop%20and%20frisk%20statute>. Accessed 7 July 2020.
104. Southall, A., & Gold, M. Why 'Stop-and-Frisk' inflamed Black and Hispanic neighborhoods. 19 February 2020. <https://www.nytimes.com/2019/11/17/nyregion/bloomberg-stop-and-frisk-new-york.html>. Accessed 1 July 2020.
105. Burch, A. D. S. Milwaukee said it first: Racism is a public health crisis. 18 July 2020. https://messaging-custom-newsletters.nytimes.com/template/oakv2?uri=nyt%3A%2F%2Fnewsletter%2F5e6e9bea-1d21-5a3b-b58c-52b273e66cb1&productCode=RR&te=1&nl=race%2Frelated&emc=edit_rr_20200718. Accessed 22 July 2020.
106. The anti-racism in public health act of 2020. No date. <https://www.warren.senate.gov/imo/media/doc/Anti-Racism%20in%20Public%20Health%20Act%201-pager%20FINAL.pdf>. Accessed 1 October 2020.
107. ODCHP. Disparities. <https://wayback.archive-it.org/5774/20220414003754/https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>. Accessed 9 September 2022.
108. Vestal, C. Racism is a public health crisis, say cities and counties. 15 June 2020. <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2020/06/15/racism-is-a-public-health-crisis-say-cities-and-counties>. Accessed 22 July 2020.
109. Dirr, A. Milwaukee County executive signs resolution declaring racism a public health crisis. 20 May 2019. https://www.jsonline.com/story/news/local/milwaukee/2019/05/20/abele-signs-resolution-declaring-racism-public-health-crisis/3741809002/?te=1&nl=race/related&emc=edit_rr_20200722. Accessed 22 July 2020. Burch, A. D. S. Milwaukee said it first: Racism is a public health crisis. 18 July 2020. https://messaging-custom-newsletters.nytimes.com/template/oakv2?uri=nyt%3A%2F%2Fnewsletter%2F5e6e9bea-1d21-5a3b-b58c-52b273e66cb1&productCode=RR&te=1&nl=race%2Frelated&emc=edit_rr_20200718. Accessed 22 July 2020.
110. The information in this box is taken directly from Rep. Ayanna Pressley's summary of the Act. THE ANTI-RACISM IN PUBLIC HEALTH ACT OF 2020. Rep. Ayanna Pressley (D-MA-07), *Sen. Elizabeth Warren (D-MA)*, and *Rep. Barbara Lee (D-CA-13)* <https://pressley.house.gov/sites/pressley.house.gov/files/Anti>

- Racism%20in%20Public%20Health%20Act%20Summary.pdf. Accessed 10 September 2022.
111. Garrett, L. *Betrayal of Trust: The Collapse of Global Public Health*. Hachette Books: New York. 2015. p. 343.
 112. Lynch, S. Fact check: Father of modern gynecology performed experiments on enslaved Black women. 19 June 2020. <https://www.usatoday.com/story/news/factcheck/2020/06/19/fact-check-j-marion-sims-did-medical-experiments-black-female-slaves/3202541001/>. Accessed 8 October 2020.
 - Domonoske, C. A. 'Father of gynecology,' who experimented on slaves, no longer on pedestal in NYC. 17 April 2018. <https://www.npr.org/sections/thetwo-way/2018/04/17/603163394/-father-of-gynecology-who-experimented-on-slaves-no-longer-on-pedestal-in-nyc>. Accessed 8 October 2020.
 113. Jones, C. *The Organ Thieves*. Quercus. 1988, 2020. Great Britain. p 15ff.
 114. CDC. U.S. Public Health Service syphilis study at Tuskegee. 2 March 2020. <https://www.cdc.gov/tuskegee/timeline.htm>. Accessed 7 October 2020.
 115. *Nature* editorial. Henrietta Lacks: Science must right a historical wrong. 1 September 2020. <https://www.nature.com/articles/d41586-020-02494-z>. Accessed 8 October 2020.
 116. Gee, G. C., & Ford, C. L. Structural racism and health inequities. April 2011. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4306458/>. Accessed 7 July 2020.
 117. Leonhardt, D. The Black-white wage gap is as big as it was in 1950. 25 June 2020. <https://www.nytimes.com/2020/06/25/opinion/sunday/race-wage-gap.html>. Accessed 11 July 2020.
 118. Wilson, V., & Rodgers, R. M. III. Black-white wage gaps expand with rising wage inequality. 20 September 2016. <https://www.epi.org/publication/black-white-wage-gaps-expand-with-rising-wage-inequality/>. Accessed 8 July 2020.
 119. Coates, T. The Black family in the age of mass incarceration. October 2015. <https://www.theatlantic.com/magazine/archive/2015/10/the-black-family-in-the-age-of-mass-incarceration/403246/>. Accessed 5 July 2018.
 120. Cohen, P. Racial wealth gap persists despite degree, study says. 16 August 2015. <https://www.nytimes.com/2015/08/17/business/racial-wealth-gap-persists-despite-degree-study-says.html>. Accessed 3 July 2018.
 - Mora, M. T., & Davila, A. Examining Hispanic-white gaps in wages, unemployment, labor force participation, and education by gender, immigrant status, and other subpopulation. 2 July 2018. https://www.epi.org/publication/the-hispanic-white-wage-gap-has-remained-wide-and-relatively-steady-examining-hispanic-white-gaps-in-wages-unemployment-labor-force-participation-and-education-by-gender-immigrant/?utm_source=Economic+Policy+Institute&utm_campaign=70c7a6f9ba
 - EMAIL_CAMPAIGN_2018_07_06_04_15&utm_medium=email&utm_term=0_e7c5826c50-70c7a6f9ba-59965629&mc_cid=70c7a6f9ba&mc_eid=bae91a3bda. Accessed 6 July 2018.
 121. The production of wealth gaps between whites, Blacks, and Hispanics. 1 March 2019. <https://sociology.fas.harvard.edu/news/production-wealth-gaps-between-whites-blacks-and-hispanics>. Accessed 8 July 2020.
 122. Bruenig, M. White high school dropouts have more wealth than Black and Hispanic college graduates. 23 September 2014. <http://www.demos.org/blog/9/23/14/white-high-school-dropouts-have-more-wealth-black-and-hispanic-college-graduates>. Accessed 6 July 2018.
 123. Christenson, L. How we got here: Writers on race and racism in America. 25 June 2020. <https://www.nytimes.com/article/books-race-america.html>. Accessed 28 June 2020.
 124. Leonhardt, D. The Black-white wage gap is as big as it was in 1950. 25 June 2020. <https://www.nytimes.com/2020/06/25/opinion/sunday/race-wage-gap.html>. Accessed 11 July 2020.
 125. Anderson, D. Redlining's legacy of inequality: \$212,000 less home equity, low homeownership rates for Black families. 11 June 2020. <https://www.redfin.com/blog/redlining-real-estate-racial-wealth-gap/>. Accessed 26 June 2020.
 126. Lee, T. A vast wealth gap, driven by segregation, redlining, evictions and exclusion, separates Black and White America. 14 August 2019. <https://www.nytimes.com/interactive/2019/08/14/magazine/racial-wealth-gap.html>. Accessed 26 June 2020.
 127. Anderson, D. Redlining's legacy of inequality: \$212,000 less home equity, low homeownership rates for Black families. 11 June 2020. <https://www.redfin.com/blog/redlining-real-estate-racial-wealth-gap/>. Accessed 26 June 2020.
 128. Van Dam, A. Black families pay significantly higher property taxes than white families, new analysis shows. 2 July 2020. https://www.washingtonpost.com/business/2020/07/02/black-property-tax/?hpid=hp_AR2BRyqJA0RMpquIZRFKhQAhtsi1_KpFZT76UvpG4yo0GKTMq_uf-UgQJAc. Accessed 3 July 2020.
 129. Dubb, S. New study explores us racial wealth gap. 27 February 2018. <https://nonprofitquarterly.org/2018/02/27/new-study-explores-us-racial-wealth-gap/>. Accessed 25 June 2018.
 - Asante-Muhammad, D., et al. The road to zero wealth: How the racial wealth gap is hollowing out America's middle class. 2017. https://prosperitynow.org/files/PDFs/road_to_zero_wealth.pdf. Accessed 8 August 2019.
 130. Cohen, P. Racial wealth gap persists despite degree, study says. 16 August 2015. <https://www.nytimes.com/2015/08/17/business/racial-wealth-gap-persists-despite-degree-study-says.html>. Accessed 3 July 2018.
 - Asante-Muhammad, D., et al. The road to zero wealth: how the racial wealth gap is hollowing out America's

- middle class. 2017. https://prosperitynow.org/files/PDFs/road_to_zero_wealth.pdf. Accessed 8 August 2019.
131. Dubb, S. New study explores us racial wealth gap. 27 February 2018. <https://nonprofitquarterly.org/2018/02/27/new-study-explores-us-racial-wealth-gap/>. Accessed 25 June 2018. Asante-Muhammad, D., et al. The road to zero wealth: How the racial wealth gap is hollowing out America's middle class. 2017. https://prosperitynow.org/files/PDFs/road_to_zero_wealth.pdf. Accessed 8 August 2019.
 132. Strauss, V. A record number of colleges drop SAT/ACT admissions requirement amid growing disenchantment with standardized tests. 18 October 2019. https://www.washingtonpost.com/education/2019/10/18/record-number-colleges-drop-sat-act-admissions-requirement-amid-growing-disenchantment-with-standardized-tests/?utm_source=pocket-newtab. Accessed 26 October 2019. Lowrey, A. The college wealth premium has collapsed. 8 January 2020. <https://www.theatlantic.com/ideas/archive/2020/01/college-wealth-premium-collapsed/604579/>. Accessed 8 January 2020.
 133. Cohen, P. Racial wealth gap persists despite degree, study says. 16 August 2015. <https://www.nytimes.com/2015/08/17/business/racial-wealth-gap-persists-despite-degree-study-says.html>. Accessed 3 July 2018. Asante-Muhammad, D., et al. The road to zero wealth: How the racial wealth gap is hollowing out America's middle class. 2017. https://prosperitynow.org/files/PDFs/road_to_zero_wealth.pdf. Accessed 8 August 2019.
 134. Coates, T. The Black family in the age of mass incarceration. October 2015. <https://www.theatlantic.com/magazine/archive/2015/10/the-black-family-in-the-age-of-mass-incarceration/403246/>. Accessed 5 July 2018.
 135. Ghandnoosh, N. U.S. prison population trends: massive buildup and modest decline. 19 September 2019. <https://www.sentencingproject.org/publications/u-s-prison-population-trends-massive-buildup-and-modest-decline/>. 10 September 2022.
 136. The Sentencing Project. Trends in U.S. corrections. June 2018. <http://sentencingproject.org/wp-content/uploads/2016/01/Trends-in-US-Corrections.pdf>. Accessed 6 July 2018.
 137. ACLU. Mass incarceration. 2018. <https://www.aclu.org/issues/mass-incarceration>. Accessed 13 July 2021. Crutchfield, R. D., & Weeks, G. A. The effects of mass incarceration on communities of color. Fall 2015. <https://issues.org/effects-mass-incarceration-communities-color/>. Accessed 13 July 2021.
 138. NYT Editorial Board. End mass incarceration now. 24 May 2014. <https://www.nytimes.com/2014/05/25/opinion/sunday/end-mass-incarceration-now.html>. Accessed 5 July 2018.
 139. Lewis, C. Viewing mass incarceration as a public health issue. 9 December 2014. <http://crispinc.org/2014/12/09/viewing-mass-incarceration-as-a-public-health-issue/>. Accessed 5 July 2018.
 140. Cloud, D. Ending mass incarceration is a public health imperative. October 2016. <http://www.gih.org/Publications/ViewsDetail.cfm?itemnumber=8311>. Accessed 5 July 2018.
 141. ACLU. Overcrowding and overuse of imprisonment in the United States. May 2015. <https://www.ohchr.org/Documents/Issues/RuleOfLaw/OverIncarceration/ACLU.pdf>. Accessed 12 July 2020. The Hamilton Project. Federal and state policies have driven up the incarceration rate over the past thirty years. 1 May 2014. https://www.hamiltonproject.org/charts/incarceration_rate_in_the_united_states_1960-2012. Accessed 13 July 2020.
 142. U.S. incarcerates a larger share of its population than any other country. 1 May 2018. https://www.pewresearch.org/fact-tank/2018/05/02/americas-incarceration-rate-is-at-a-two-decade-low/ft_18-04-27_incarcerationrate_map/. Accessed 12 July 2020.
 143. Gramlich, J. America's incarceration rate is at a two-decade low. 2 May 2018. <https://www.pewresearch.org/fact-tank/2018/05/02/americas-incarceration-rate-is-at-a-two-decade-low/>. Accessed 12 July 2020.
 144. ACLU. Mass incarceration. 2018. <https://www.aclu.org/issues/mass-incarceration>. Accessed 5 July 2018.
 145. Coates, T. The Black family in the age of mass incarceration. October 2015. <https://www.theatlantic.com/magazine/archive/2015/10/the-black-family-in-the-age-of-mass-incarceration/403246/>. Accessed 5 July 2018.
 146. Sawyer, W., & Wagner, P. Mass Incarceration: The Whole Pie 2020. 24 March 2020. <https://www.prisonpolicy.org/reports/pie2020.html>. Accessed 16 January 2021.
 147. The Marshall Project. A state-by-state look at Coronavirus in prisons. 10 July 2020. <https://www.themarshallproject.org/2020/05/01/a-state-by-state-look-at-coronavirus-in-prisons>. Accessed 14 July 2020.
 148. Standifer, C., & Sellers, F. S. Prisons and jails have become a 'public health threat' during the pandemic, *advocates say*. 11 November 2020. https://www.washingtonpost.com/national/coronavirus-outbreaks-prisons/2020/11/11/b8c3a90c-d8d6-11ea-930e-d88518c57dcc_story.html?fbclid=IwAR0vP-yOeaQNGZmbXWc_gCw-t29txnw74cZQIEH4YxciNLxK19E92-x-cs. Accessed 15 November 2020.
 149. Christensen, J. States engaged in 'gross negligence' in Covid-19 response in jails and prisons, new report finds. 25 June 2020. <https://www.cnn.com/2020/06/25/health/state-response-covid-jails-prisons-trnd/index.html>. Accessed 7 July 2020.
 150. Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T. D. (2007). Release from prison — a high risk of death for former inmates. *New England Journal of Medicine*, 356, 157–165. DOI: 10.1056/NEJMsa064115. <https://www.nejm.org/doi/full/10.1056/NEJMsa064115>. Accessed 5 July 2018.

151. Cloud, D. Ending mass incarceration is a public health imperative. October 2016. <http://www.gih.org/Publications/ViewsDetail.cfm?itemnumber=8311>. Accessed 5 July 2018.
152. Coleman, P. A. The family separation crisis isn't over for black parents. 21 June 2018. <https://www.fatherly.com/love-money/family-separation-crisis-black-parents-jail/>. Accessed 11 July 2020.
153. Levine, S. 2020 Census will continue to count prisoners where they are incarcerated. 8 February 2018. https://www.huffpost.com/entry/2020-census-prison-population_n_5a7cb966e4b044b3821b0507. Accessed 24 October 2020.
154. Lopez, G. The state of ex-felons' voting rights, explained. 18 September 2020. <https://www.vox.com/voting-rights/21440014/prisoner-felon-voting-rights-2020-election>. Accessed 24 October 2020.
155. Coates, T. The Black family in the age of mass incarceration. October 2015. <https://www.theatlantic.com/magazine/archive/2015/10/the-black-family-in-the-age-of-mass-incarceration/403246/>. Accessed 5 July 2018.
156. CDC. CDC and Indian country: Working together. 2017. https://www.cdc.gov/chronicdisease/pdf/CDC-indian-country.pdf?s_cid=bb-NCCDPHP-OD-Indian_Working_Together. Accessed 13 July 2020.
157. Bridges, K. M. The many ways institutional racism kills Black people. 11 June 2020. <https://time.com/5851864/institutional-racism-america/>. Accessed 7 July 2020.
158. Geruso, M. (2012). Black-White disparities in life expectancy: How much can the standard SES variables explain? *Abstract. 49(2)*, pp. 553–574. <https://link.springer.com/article/10.1007%2F13524-011-0089-1>. Accessed 29 June 2018.
159. LaVeist, T., Pollack, K., Thorpe, R., Fesahazion, R., & Gaskin, D. Place not race: Disparities dissipate in southwest Baltimore when Blacks and whites live under similar conditions October 2011. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2011.0640>. Accessed 16 November 2020.
160. Gee, G. C., & Ford, C. L. April 2011. Structural racism and health inequities. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4306458/>. Accessed 7 July 2020.
161. Trethewey, N. My life under Mississippi's racist flag. 3 July 2020. <https://www.nytimes.com/2020/07/03/opinion/confederate-flag-mississippi-trethewey.html>. Accessed 3 July 2020.
162. Thometz, K. Study: US clinicians project better health outcomes for white patients. 10 April 2018. <https://chicagotonight.wttw.com/2018/04/10/study-us-clinicians-project-better-health-outcomes-white-patients>. Accessed 29 June 2018.
163. Akhtar, A. New York is investigating United Health's use of a medical algorithm that steered black patients away from getting higher-quality care. 28 October 2019. https://www.businessinsider.com/an-algorithm-treatment-to-white-patients-over-sicker-black-ones-2019-10?utm_content=buffer60425&utm_medium=social&utm_source=facebook.com&utm_campaign=buffer-bi&fbclid=IwAR1OVEf1TrYgnuDSItNnYD2v_SiAgzEiP92Z6ccMZOsYkNwGrP2glNoebuM. Accessed 30 October 2019.
164. Tavernise, S. Black Americans see gains in life expectancy. 8 May 2016. <https://www.nytimes.com/2016/05/09/health/blacks-see-gains-in-life-expectancy.html>. Accessed 29 June 2018.
165. Lerner, S. Race gap in U.S. life expectancy widens as COVID-19 toll grows. 20 November 2020. <https://theintercept.com/2020/11/20/covid-19-pandemic-life-expectancy-race/>. Accessed 22 November 2020.
166. Tavernise, S., & Goodnough, A. A grim measure of covid's toll: Life expectancy drops sharply in U.S. 18 February 2021. <https://www.nytimes.com/2021/02/18/us/covid-life-expectancy.html>. Accessed 12 March 2021.
167. Thometz, K. Study: 'Alarming' racial disparities persist among kids with asthma. 1 May 2018. <https://chicagotonight.wttw.com/2018/05/01/study-alarming-racial-disparities-persist-among-kids-asthma>. Accessed 29 June 2018.
168. Barrón-López, L., Schneider, E., & Ollstein, A. M. 'People can't ignore it anymore': Across the country, minorities hit hardest by pandemic. 8 July 2020. <https://www.politico.com/news/2020/07/08/racial-disparities-coronavirus-political-divide-353226>. Accessed 9 July 2020. APM Research Staff. The color of coronavirus: COVID-19 deaths by race and ethnicity in the U.S. 15 October 2020. <https://www.apmresearchlab.org/covid/deaths-by-race>. Accessed 23 October 2020.
169. Kolata, G. Social inequities explain racial gaps in pandemic, studies find. 12 December 2020. <https://www.nytimes.com/2020/12/09/health/coronavirus-black-hispanic.html>. Accessed 17 January 2021.
170. Seervai, S. Why Are More Black Americans Dying of COVID-19? 26 June 2020. <https://www.commonwealthfund.org/publications/podcast/2020/jun/why-are-more-black-americans-dying-covid-19>. Accessed 17 January 2021.
171. Villarosa, L. Why America's Black mothers and babies are in a life-or-death crisis. 11 April 2018. <https://www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html>. Accessed 2 July 2018.
172. American Heart Association. Differences remain in heart attack treatments for black patients. 20 September 2018. <https://www.heart.org/en/news/2018/09/20/differences-remain-in-heart-attack-treatments-for-black-patients>. Accessed 16 November 2020.
173. Preidt, R. Racial bias seen in heart transplants. 12 November 2019. <https://www.webmd.com/heart-disease/news/20191112/racial-bias-seen-in-heart-transplants>. Accessed 19 October 2020.

174. Villarosa, L. Why America's Black mothers and babies are in a life-or-death crisis.
175. Villarosa, L. Why America's Black mothers and babies are in a life-or-death crisis. 11 April 2018. <https://www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html>. Accessed 13 January 2021. Geronimus, A. T., Hicken, M., Keene, D., & Bound, J. "Weathering" and Age Patterns of Allostatic Load Scores Among Blacks and Whites in the United States. May 2006. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470581/>. Accessed 13 January 2021.
176. Demby, G. Making the case that discrimination is bad for your health. 14 January 2018. <https://www.npr.org/sections/codeswitch/2018/01/14/577664626/making-the-case-that-discrimination-is-bad-for-your-health>. Accessed 14 January 2021.
177. Black mothers respond to our cover story on maternal mortality. 19 April 2018. <https://www.nytimes.com/2018/04/19/magazine/black-mothers-respond-to-our-cover-story-on-maternal-mortality.html?action=click&contentCollection=Magazine&module=RelatedCoverage®ion=EndOfArticle&pgtype=article>. Accessed 2 July 2018. Salam, M. For Serena Williams, childbirth was a harrowing ordeal. She's not alone. 11 January 2018. <https://www.nytimes.com/2018/01/11/sports/tennis/serena-williams-baby-vogue.html>. Accessed 2 July 2018.
178. Casimir, L. Why are so many of San Francisco's Black mothers and babies dying? 26 June 2018. https://www.theguardian.com/world/2018/jun/26/black-maternal-mortality-babies-san-francisco-crisis?CMP=share_btn_link. Accessed 3 July 2018.
179. Casimir, L. Why are so many of San Francisco's Black mothers and babies dying? 26 June 2018. https://www.theguardian.com/world/2018/jun/26/black-maternal-mortality-babies-san-francisco-crisis?CMP=share_btn_link. Accessed 3 July 2018.
180. Casimir, L. Why are so many of San Francisco's Black mothers and babies dying? 26 June 2018. https://www.theguardian.com/world/2018/jun/26/black-maternal-mortality-babies-san-francisco-crisis?CMP=share_btn_link. Accessed 3 July 2018.
181. Villarosa, L. Why America's Black mothers and babies are in a life-or-death crisis.
182. Cohen, P. Among the poor, women feel inequality more deeply. 18 August 2014. <https://www.nytimes.com/2014/08/19/upshot/among-the-poor-women-feel-inequality-more-deeply.html>. Accessed 4 July 2018.
183. How does gender relate to poverty status? Official data breakdown. 2014. <https://poverty.ucdavis.edu/faq/how-does-gender-relate-poverty-status>. Accessed 3 July 2018. 70% of the nation's poor are women & children. <https://www.legalmomentum.org/women-and-poverty-america>. Accessed 3 July 2018.
184. Cohen, P. Among the poor, women feel inequality more deeply. 18 August 2014. <https://www.nytimes.com/2014/08/19/upshot/among-the-poor-women-feel-inequality-more-deeply.html>. Accessed 4 July 2018.
185. Elliott, K. The fatherhood bonus and the motherhood penalty. 16 November 2017. <http://www.augsburg.edu/now/2017/11/16/the-fatherhood-bonus-and-the-motherhood-penalty/>. Accessed 4 July 2018.
186. The gender wage gap: 2017 earnings differences by race and ethnicity. March 2018, https://iwpr.org/wp-content/uploads/2018/03/C464_Gender-Wage-Gap-2.pdf. Accessed 3 July 2018.
187. Ducharme, J. The gender pay gap for doctors is getting worse. Here's what women make compared to men. 10 April 2019. <https://time.com/5566602/doctor-pay-gap/>. Accessed 16 November 2020.
188. 70% of the nation's poor are women & children. <https://www.legalmomentum.org/women-and-poverty-america>. Accessed 3 July 2018.
189. Miller, C. C. As women take over a male-dominated field, the pay drops. 18 March 2016. <https://www.nytimes.com/2016/03/20/upshot/as-women-take-over-a-male-dominated-field-the-pay-drops.html?action=click&module=RelatedCoverage&pgtype=Article®ion=Footer>. Accessed 6 July 2018.
190. Elliott, K. The fatherhood bonus and the motherhood penalty. 16 November 2017. <http://www.augsburg.edu/now/2017/11/16/the-fatherhood-bonus-and-the-motherhood-penalty/>. Accessed 4 July 2018.
191. Quart. *Squeezed*. p. 16.
192. Elliott, K. The fatherhood bonus and the motherhood penalty. 16 November 2017. <http://www.augsburg.edu/now/2017/11/16/the-fatherhood-bonus-and-the-motherhood-penalty/>. Accessed 4 July 2018. The OECD members and partners. 2018. <http://www.oecd.org/about/membersandpartners/>. Accessed 4 July 2018.
193. Pear, R., Ruiz, R. R., & Goodstein, L. Trump administration rolls back birth control mandate. 6 October 2017. <https://www.nytimes.com/2017/10/06/us/politics/trump-contraception-birth-control.html>. Accessed 4 July 2018.
194. Smith, J. Supreme Court says Trump can roll back access to birth control under the Affordable Care Act. 9 July 2020. <https://theintercept.com/2020/07/09/supreme-court-aca-birth-control-mandate/>. Accessed 12 July 2020.
195. Fitzsimons, T. Almost 30 percent of bisexual women, trans people live in poverty, report finds. 29 October 2019. <https://www.nbcnews.com/feature/nbc-out/almost-30-percent-bisexual-women-trans-people-live-poverty-report-n1073501>. Accessed 17 July 2020.
196. CDC. Gay and bisexual men's health. 29 February 2016. <https://www.cdc.gov/msmhealth/stigma-and-discrimination.htm>. Accessed 17 July 2020.
197. Hafeez, H., Zeshan, M., Tahir, M. A., Jahan, N., & Naveed, S. Health care disparities among lesbian, gay, bisexual, and transgender youth: A literature review. April 2017. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5478215/>. Accessed 17 July 2020.

198. Lesbian and bisexual women's health issues. No date. <https://www.hopkinsmedicine.org/health/wellness-and-prevention/lesbian-and-bisexual-womens-health-issues>. Accessed 17 July 2020.
199. Hafeez, H., Zeshan, M., Tahir, M. A., Jahan, N., & Naveed, S. Health care disparities among lesbian, gay, bisexual, and transgender youth: A literature review. April 2017. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5478215/>. Accessed 17 July 2020.
200. Lesbian and bisexual women's health issues. No date. <https://www.hopkinsmedicine.org/health/wellness-and-prevention/lesbian-and-bisexual-womens-health-issues>. Accessed 17 July 2020.
201. Rapaport, L. Trans teens much more likely to attempt suicide. 12 September 2018. <https://www.reuters.com/article/us-health-transgender-teen-suicide-idUSKCN1LS39K>. Accessed 5 August 2019.
202. James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. *The Report of the 2015 U.S. Transgender Survey*. 2016. Washington, DC: National Center for Transgender Equality. <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>. Accessed 6 June 2021.
203. National transgender discrimination survey: Executive summary. 11 September 2012. <https://transequality.org/issues/resources/national-transgender-discrimination-survey-executive-summary>. Accessed 7 August 2019.
204. New report reveals rampant discrimination against transgender people by health providers, high HIV rates and widespread lack of access to necessary care. 2019. <https://www.thetaskforce.org/new-report-reveals-rampant-discrimination-against-transgender-people-by-health-providers-high-hiv-rates-and-widespread-lack-of-access-to-necessary-care-2/>. Accessed 7 August 2019.
205. Gonzalez, S., & Sawyer, B. How does U.S. life expectancy compare to other countries? 22 May 2017. https://www.healthsystemtracker.org/chart-collection/u-s-life-expectancy-compare-countries/?_sf_s=life#item-u-s-lowest-life-expectancy-birth-among-comparable-countries. Accessed 18 June 2018.
206. Porter, E. Income inequality is costing the U.S. on social issues. 28 April 2015. https://www.nytimes.com/2015/04/29/business/economy/income-inequality-is-costing-the-us-on-social-issues.html?_r=0. Accessed 26 March 2017. Cohen, P. Among the poor, women feel inequality more deeply. 18 August 2014. <https://www.nytimes.com/2014/08/19/upshot/among-the-poor-women-feel-inequality-more-deeply.html>. Accessed 4 July 2018.
207. Martin, M., & Montaigne, M. U.S. has the worst rate of maternal deaths in the developed world. 12 May 2017. <http://www.npr.org/2017/05/12/528098789/u-s-has-the-worst-rate-of-maternal-deaths-in-the-developed-world>. Accessed 12 May 2017.
208. Villarosa, L. Why America's Black mothers and babies are in a life-or-death crisis. 11 April 2018. <https://www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html>. Accessed 2 July 2018.
209. Tavernise, S. White Americans are dying younger as drug and alcohol abuse rises. 20 April 2016. <https://www.nytimes.com/2016/04/20/health/life-expectancy-decline-mortality.html?action=click&contentCollection=Health&module=RelatedCoverage®ion=EndOfArticle&pgtype=article>. Accessed 14 February 2017.
210. Harvard T.H. Chan School of Public Health. Life experiences and income inequality in the United States. 6 January 2020. <https://www.rwjf.org/en/library/research/2019/12/life-experiences-and-income-inequality-in-the-united-states.html>. Accessed 10 January 2020. Newmyer, T. The finance 202: Mo' money, fewer problems: Two new studies show 1 percenters are the most satisfied. 10 January 2020. <https://www.washingtonpost.com/news/powerpost/paloma/the-finance-202/2020/01/10/the-finance-202-mo-money-fewer-problems-two-new-studies-show-1-percenters-are-the-most-satisfied/5e17a96a88e0fa2262dca934/>. Accessed 29 January 2020.
211. Kaufman, J., Salas-Hernandez, L., Komro, K., & Livingston, M. Research report: Effects of increased minimum wages by unemployment rate on suicide in the USA. 2020. <https://jech.bmj.com/content/early/2020/01/03/jech-2019-212981.full>. Accessed 11 January 2020.
212. Neilson, S. The gap between rich and poor Americans' health is widening. 28 June 2019. <https://www.npr.org/sections/health-shots/2019/06/28/736938334/the-gap-between-rich-and-poor-americans-health-is-widening>. Accessed 2 July 2020. Zimmerman, F. J., & Anderson, N. W. Trends in health equity in the United States by race/ethnicity, sex, and income, 1993-2017. 28 June 2020. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2736934?utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=062819. Accessed 2 July 2020.
213. Barrón-López, L., Schneider, E., & Ollstein, A. M. 'People can't ignore it anymore': Across the country, minorities hit hardest by pandemic. 8 July 2020. <https://www.politico.com/news/2020/07/08/racial-disparities-coronavirus-political-divide-353226>. Accessed 9 July 2020.