

Contextualizing Lived Race– Gender, Street Race–Gender & the Racialized–Gendered Social Determinants of Health

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AfroLatino Forum Conference, NYC Oct. 24, 2014

Diversity Challenge Conference, Boston College, Oct. 25, 2014

Public Art in Albuquerque: "A good and healthy life"



UNA VIDA BUENA Y SALVA

SPM


GARCIA
DICK BACA
W. E. BACA
COMMERCE
TRALLEY
DICK HENRI
DICK YORNE
MONTANA
E. HINES
GARCIA





CONVERSATION GOALS:

Discuss paradoxes in health outcomes & common limitations of health disparities research, policy and practice & value-added by a deliberate focus on the intersection of race, gender, class, ethnicity, sexual orientation. etc.

- ▶ Share multi-dimensional conceptual models for “race” & ethnicity as analytically distinct social constructions
 - ▶ Use autoethnography/storytelling as a window to what I call “Lived Race-Gender” and “Street Race-Gender” and the “Racialized-Gendered Social Determinants of Health”
 - ▶ Discuss Policies & Practices (e.g., data collection, analysis and reporting) that can inform & promote Health Justice at federal, state, municipal, institutional level (e.g., Census, Vital Records, OEO)
- 

PUZZLING RACE, GENDER, ETHNICITY, CLASS GAPS ...

- Middle class Black women and low birth weight (Geronimous et al., 2006)
- Low birth weight of Arab-named women post 9/11 (Lauderdale, 2006)
- Latinos paradox (Healthy immigrant & second/third generation decline in health & longevity (Olshansky et al., 2012; and education Echuategui, 2013))
- Black men have the lowest life expectancy of all groups (Olshansky et al., 2012)

RACE-GENDER-EDUCATION GAPS IN LIFE EXPECTANCY (1990-2008)

New York Times Headline:

Tavernise, Sabrina. 2012. **“Life Spans Shrink for Least-Educated Whites in the U.S.”** New York Times, Sept. 10th.

ORIGINAL STUDY:

Olshansky et. al., 2012. **“Differences in Life Expectancy Due To Race And Educational Differences Are Widening, And Many May Not Catch Up,”** Health Affairs, 31(8):1803-1813.

- What are the policy implications of inadequate data?

KEEPING IT REAL: GAPING RACE-GENDER GAPS REMAIN ...

- * 14 Years for White men than Black men
- 10 Years for White women than Black women

WHAT ABOUT EDUCATION?

- Who has > 16 yrs of schooling? 31% whites, 18% Blacks, 13% of Hispanics

WHEN YOU CONTROL FOR EDUCATION ...

- 4 year gap remains for Black men and women as compared to Whites
- 6 year gap remains for Black men and women as compared to Hispanics

(Note: Asians, Native Am. Not included)

- ** Latinas/os had the highest Life expectancy of all groups; however, this is projected to be reduced as foreign-born time health outcomes decrease;
- **Latinas/os data did not include data on national origin, racial status, or generational status



KEY QUESTION & INVITATION TO A DIALOGUE ...

- ▶ How can we conceptualize these paradoxes in health?
- ▶ If we are interested in interrogating inequalities in health, how can we best measure race, ethnicity? Should the Census combine the Hispanic origin and race questions?

Invitation to self-reflexivity ...

- ▶ Consider how your own embodied lifelong and cumulative experiences with race, racialization and your academic training shape your conceptualizations and praxis of research, teaching and policy on race ...

“Today, the absence of a clear ‘common sense’ understanding of what [race and] racism means has become a significant obstacle to efforts aimed at challenging it.”

Omi and Winant, 1994:70; 2015

See Missions of Institute for the Study of “Race” & Social Justice, UNM; NM Statewide Race, Gender, Class Data Policy Consortium



POINT OF DEPARTURE ...INTERROGATING INEQUALITY

The ultimate purpose of the collection of racial and ethnic data in the Census and beyond is to *monitor historic and on-going inequalities & promote civil rights policy and enforcement in:*

- Housing
- Voting Rights
- Education
- Employment
- Criminal justice
- Health and other social outcomes
 - Civil Rights Act of 1964

INTERSECTIONALITY & HEALTH POLICY

“In addition to the obvious benefit of deepening our insights into social inequalities and how they interact, the study of intersectionality ...[examining the co-construction of race, gender, class and other axes of inequality together] has the potential to provide critical guidance for policies and programmes. By giving precise insights into who is affected and how in different settings, it provides a scalpel for policies rather than the current hatchet. It enables policies and programmes to identify whom to focus on, whom to protect, what exactly to promote and why. It also provides a simple way to monitor and evaluate the impact of policies and programmes on different sub-groups from the most disadvantaged through the middle layers to those with particular advantages.”

Sen, Gita , Iyer, Aditi and Mukherjee, Chandan (2009) 'A Methodology to Analyze the Intersections of Social Inequalities in Health', Journal of Human Development and Capabilities, 10: 3, 397 — 415.

2020 Healthy People Report & Unequal Treatment Report

- ▶ Identifies the social determinants of health in the form of:

- Discrimination
- Stigma
- Unfair Treatment

See Williams and Mohammed (2013) on Racism and Health

- Sets the stage for disparities vis-à-vis increased stress, blood pressure and lower levels of health status
- Racial discrimination is a pathway to stress and negative health outcomes
- QUESTION: Do we collect data on this?


KEY ARGUMENT:

- ▶ To understand historic and ongoing race–gender gaps in health in a given sociohistorical context, we must anchor our analysis in measuring and mapping:
 - a.) “lived–race gender” and “street race–gender”
 - b.) “racialized–gendered social determinants of health”

RACIALIZED-GENDERED SOCIAL DETERMINANTS OF HEALTH

- ▶ Leverages Intersectionality by linking lived race-gender/street race-gender (micro-level) to pathways of embodiment (meso-level; macro-level) institutions and structural arrangements and practices - STRUCTURAL RACISM/SEXISM/CLASSISM AND OTHER SYSTEMS OF OPPRESSION AS OVERLAPPING AND CO-CONSTRUCTED
- ▶ Requires mapping & thick descriptions of the social contexts that produce historic and on-going inequalities for entire categories of people

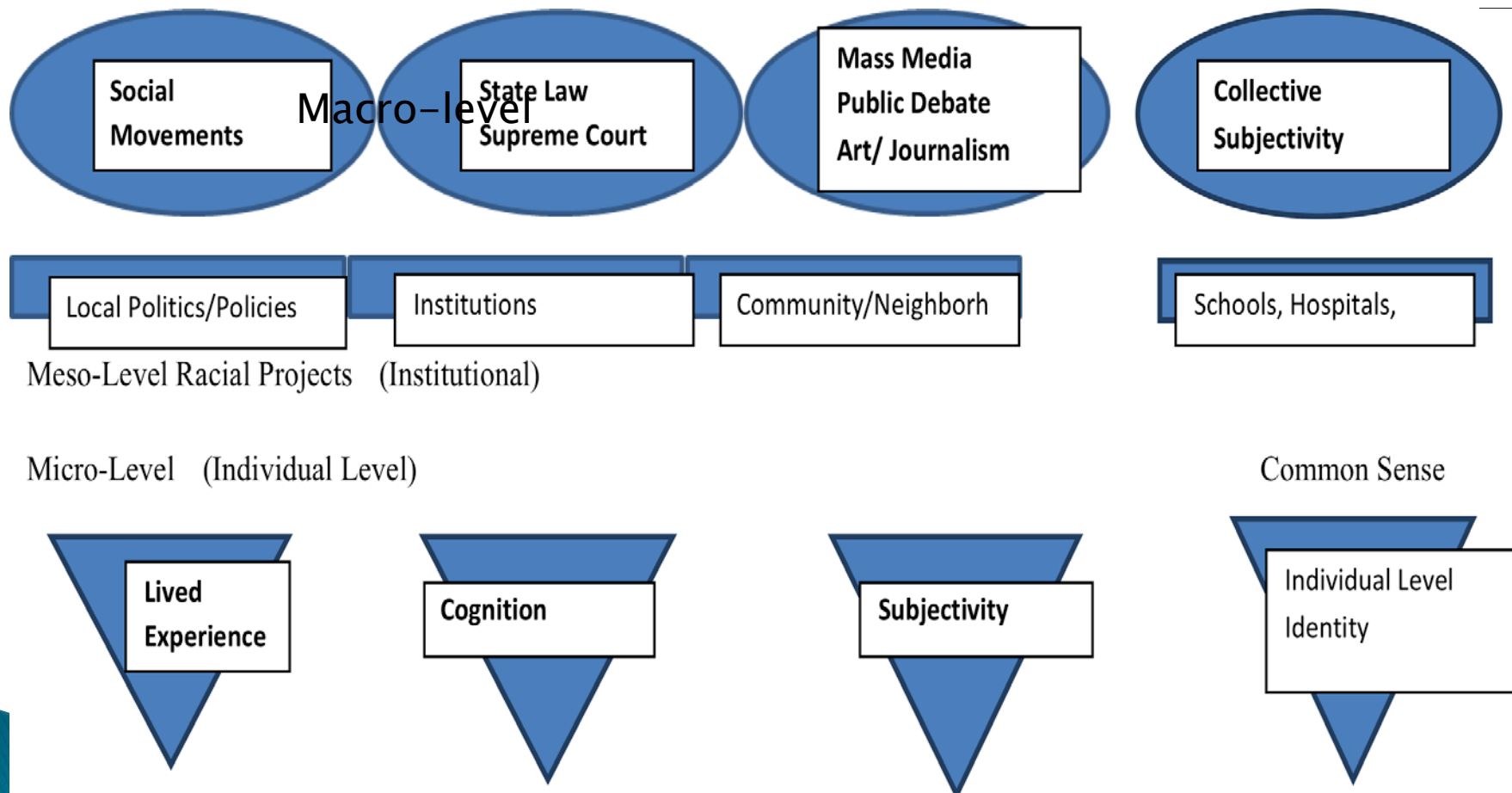
CRITIQUES OF CONVENTIONAL HEALTH DISPARITIES RESEARCH

- ▶ Limits of Hegemonic Biomedical Paradigm (Duster, 2005)
 - ▶ Lack of multi-dimensional measures (Gravlee & Dressler 2005; Jones et al., 2008; Zuberi & Bonilla, 2008)
 - ▶ Value-added by examining race, ethnicity, national origin as analytically distinct (LaVeist-Ramos, 2012)
 - ▶ Limits of class as a proxy for race and need to focus on institutional racism (Williams & Mohammed, 2013)
 - ▶ Need to leverage insights of intersectionality (Schultz & Mullings, 2007; Lopez, 2013)
- 

THEORETICAL GUIDEPPOSTS

- ▶ Racial Formation Theory Racial Project at the Macro, Meso, Micro-Levels, (Omi & Winant, 1986, 1994, 2015)
- ▶ Critical Race Theory & Colorblind Racism / Frames (Bonilla-Silva, 2003; Gómez 2007, Haney-Lopez, 1994)
- ▶ Sociology of Racial Conceptualization (Morning, 2011)
- ▶ Intersectionality (Crenshaw, 1989; Collins 1990, 2000, 2009)
- ▶ Social Determinants of Health (Marmot, 2005, 1991; Phelan, Link, and Tehranifar 2010)
- ▶ Radical Contextualization (Chapman & Berggren, 2005)

Neoliberal (Abstract Liberalism) & Colorblind Racial Projects at the Census & OMB? (Omi & Winant, 2015)



Social Constructionist Approach to “race” and ethnicity doesn’t negate genetic basis for disease

Race

(Master Social Status)

- Master Social Status based on the meanings given to a CONGLOMERATION of physical/phenomic/corporeal markers (e.g., skin color, facial features--nose, shape of face, hair texture, body type, etc.
- See Omi & Winant, 2015; Bonilla-Silva 2014, Jordan Journal Interview July 2014, Harris, 1993

Ethnicity

(Cultural Background)

- Cultural descriptor
- Conveys common sense of culture and sense of peoplehood or national origin
- Sometimes denotes a common heritage, national origin, language, dialect, sociohistorical background, food ways, and culturally specific traditions that may at times include religion

Ancestry

(Identity)

- Remote and Distant lineage or geographical origins
- Assumed to be determined despite evidence that we are all members of the human race (e.g., ancestry test purport to trace your % of geographic ancestral origin yet these tests are merely tracing how long ago your ancestors left continental Africa were modern day humans evolved)

NEED DATA ON “STREET RACE-GENDER” AS GENDER IS ALSO A MASTER SOCIAL STATUS AS DISTINCT FROM SEX ASSIGNED AT BIRTH

REFRAMING THE QUESTION ...

- ▶ What part of the social construction of race or ethnicity are you investigating?
- ▶ What dimension or level?
 - Individual/Micro
 - Institutional/Meso
 - State, National, Global Levels/Macro
- ▶ Are these data used to examine race-gender gaps and race-class gaps in social outcomes?
- ▶ Important to distinguish between work on decontextualized “identities,” “racial and ethnic ideologies” and those that are linked to the interrogation of social outcomes
 - ▶ See Bonilla-Silva & Glover (2002) Latinamericanization Thesis

Mapping & Linking
Micro, Meso, Macro
Stratification...

Pathways to Social Outcomes

Value-added by two questions on Hispanic origin & race for research and Civil Rights Monitoring & Policy

▶ HEALTH:

- LaVeist-Ramos et al., (2012)
- Gravlee & Dressler (2005)
- Jones et al., (2008)
- McIntosh (2013)
- Sue (2014)

▶ EDUCATION & EMPLOYMENT:

- Rodriguez et al., (2011)
- Telles & Murgia (1996)
- López (2003)
- Telles (2014)

▶ CRIMINAL JUSTICE

- Steffensmeier & Demuth (2000)
- Sampson & Lauritsen (1997)
- Walker et al., (2011)

▶ HOUSING:

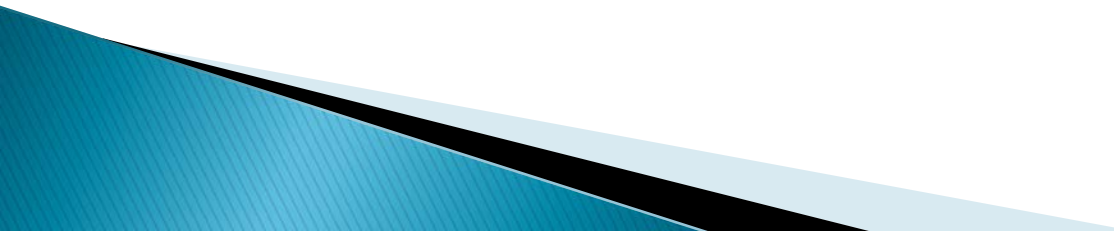
- Logan (2003)
- Turner et al., (2013)
- Massey & Denton (1994)

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For more bibliography

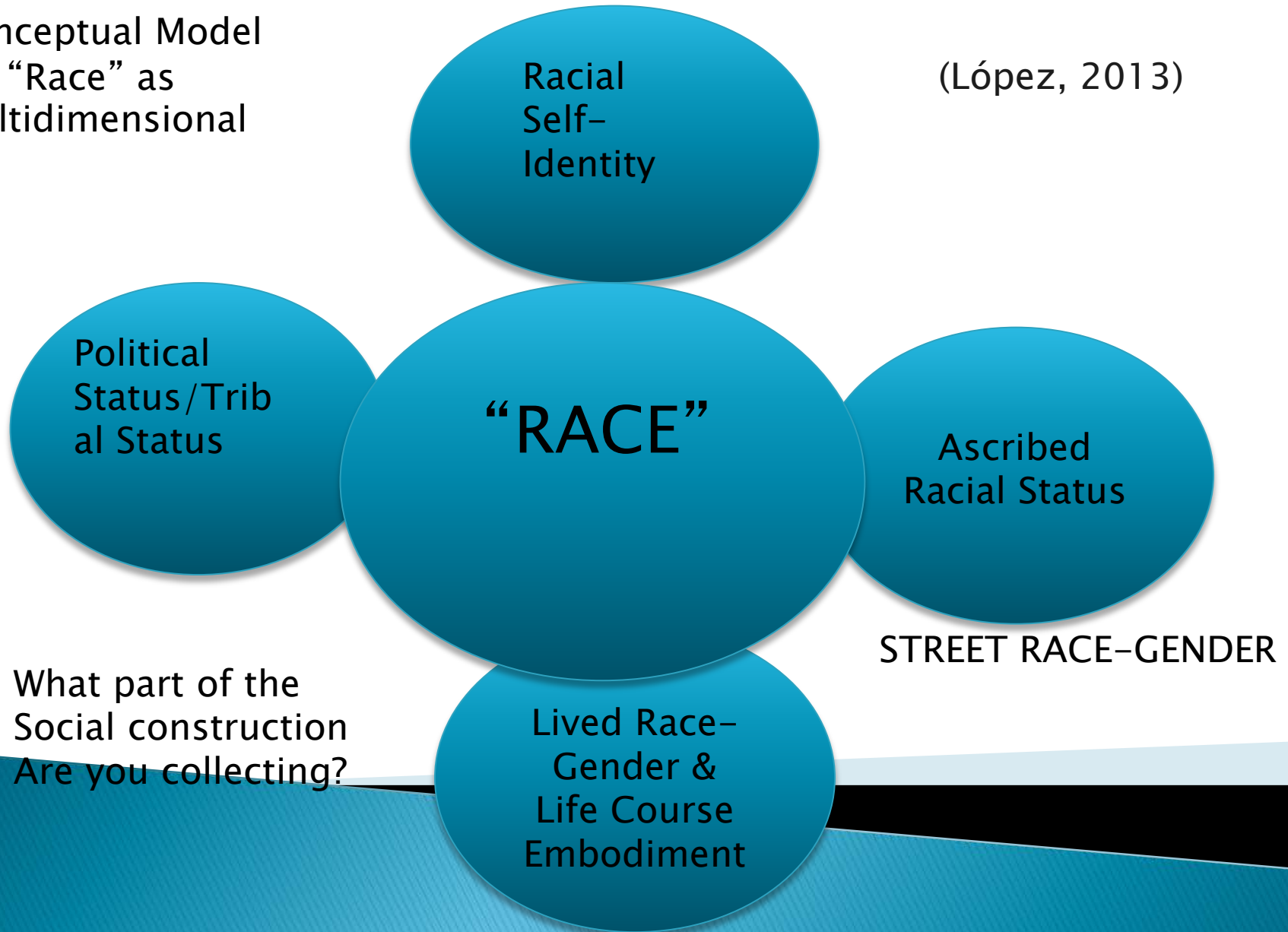
How do you

**CONCEPTUALIZE &
OPERATIONALIZE
“RACE-GENDER” AS
MULTI-DIMENSIONAL
AT THE INDIVIDUAL
LEVEL**



Conceptual Model
for “Race” as
Multidimensional

(López, 2013)



NM Demographics & Disparities

- ▶ 60% of NM part of underrepresented group (47% Hispanic; 10% Am.Indian; 3% Black; 2% Asian; 38% White)
- ▶ 36% speak language other than English
- ▶ 24% poverty (highest in the nation)

- ▶ Obesity: 35% Am. Indians; 30% Hispanic; 23% Whites
- ▶ Infant mortality: Blacks have highest rate
- ▶ Hepatitis B: Asian Americans have highest %
- ▶ Fall Related Deaths: Whites
- ▶ Source: Racial & Ethnic Health Disparities Report Card, 7th Edition, Sept. 2012

- ▶ QUESTION: Why doesn't the BRFSS and other DOH include data on Discrimination? Why isn't this disaggregated by race-gender? Race-class?

2002 BRFSS (N=4,671)

- ▶ Whites 57%
 - ▶ Hispanics 35%
 - ▶ Native American 4%
 - ▶ Black 1%
 - ▶ Asian < 1%
 - ▶ Some other race < 1% * Not comparable to Census wording
 - ▶ Multiracial < 1%
 - ▶ Male 41%
-
- ▶ Racially stigmatized communities underrepresented
 - ▶ Gender imbalance needs to be addressed; gender should be measured directly (currently assessed by phone voice)
 - ▶ Questions on Gender Identity and Sexual Orientation as well as disability, veteran status necessary for addressing inequalities in health

2002 BRFSS Reactions to Race Question #1 (Jones):

- ▶ *How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?*

*****KEY FINDING** THOSE ASCRIBED AS WHITE HAVE HIGHEST HEALTH STATUS INDEPENDENT OF SELF-IDENTITY***

(Jones & changing racial status in 3 continents)

- ▶ See Jones et al., 2008; McIntosch, 2013; Gravlee & Dressler, 2005; Turner et al., 2013; LaVeist-Ramos et al., 2013

2002 Reactions to Race

Preliminary Results to Question #1

Self-Identified Race	Socially Defined or Ascribed Race/Perceived as White
White	98%
Multiracial	54%
Some Other Race	36%
Hispanic	15%
Native American	6%
Asian or Black	0%

Reactions to Race Question #2:

- ▶ *How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?*
- ▶ 2002 BRFSS: Once a day, once an hour, Constantly = 46% Native American; 33% Blacks; 33% Asian; 25% Hispanics; 5% of Whites
- ▶ See Helms, 2013; Zaal & Fine, 2008; Jones et al., 2008

Reactions to Race Question #3:

- ▶ *Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?*
- ▶ *2002 BRFSS Worse: 15% Black; 14% Native American; 9% Hispanic; 7% Asian; 5% White*
- ▶ *See Goosby & Heidbrink, 2013; Gravlee, 2009; López, 2003; Roberts, 1994*

Reactions to Race Question #4:

- ▶ *Within in the past 12 months, when seeking health care do you feel your experiences were worse than, the same as, or better than for people of other races?*
- ▶ *2002 BRFSS Worse: 15% Black; 7% Native American; 5% Hispanic; 2% White*
- ▶ *See Bridges, 2012; Hoberman, 2012; LaVeist-Ramos et al., 2012; López, 2013*

Reactions to Race Question # 5:

- ▶ *Within the past 30 days, have you experiences any physical symptoms, for example a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?*
- ▶ *Note: Not included in the 2002 BRFSS*
- ▶ Krieger, 1990; Lauderdale, 2006; Goosby & Heidbrink, 2013; Richardson et al., 2011

Reactions to Race Question # 6:

- ▶ *Within the past 30 days have you felt emotionally upset, for example angry sad or frustrated, as a result of how you were treated based on your race?*
- ▶ *Note: Not included in 2002 BRFSS*
- ▶ See Williams, 2012; Zaal et al., 2007; Sue, 2007; Feagin & Sikes, 1994; Vidal-Ortiz, 2004; Wang, 2006

STREET RACE-GENDER & LIVED-RACE GENDER AS EMBODIMENT OF INEQUALITY

- ▶ Autoethnographic moments with “lived race-gender” and “street race-gender” when accessing health care
- ▶ 1. Gallstones & Race-Gender Profiling
- ▶ 2. “Pregnant While Black/Brown/Racially Stigmatized” & Navigating Controlling Images
- ▶ ***How are health professionals being exposed to conceptualizations of race and ethnicity? E.g., MCAT new requirement on soc. det. health

How do you

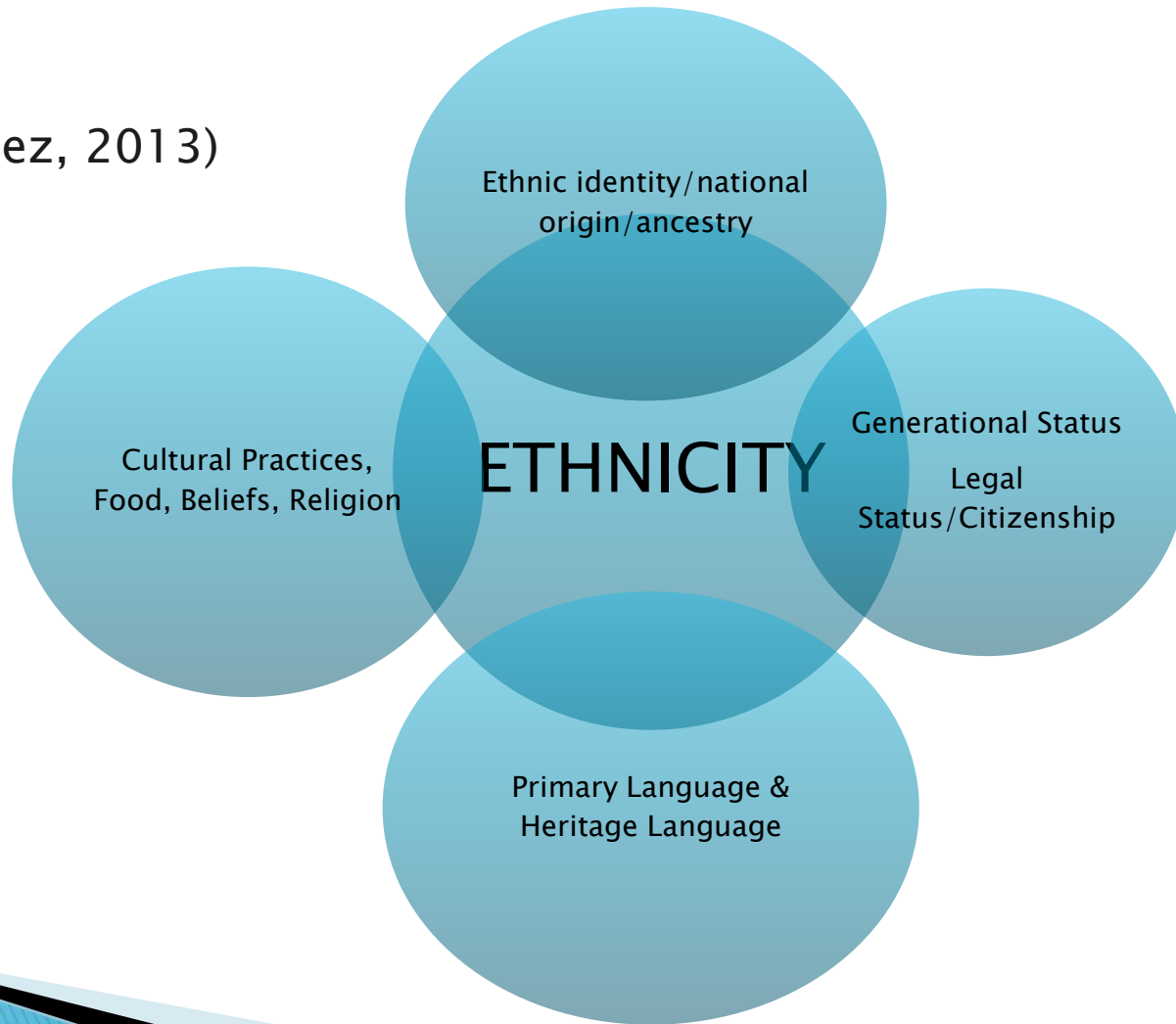
- ▶ **CONCEPTUALIZE &
OPERATIONALIZE
ETHNICITY AS MULTI-
DIMENSIONAL AT THE
INDIVIDUAL LEVEL?**

An Inconvenient Truth: National/Ethnic Origin \neq racial status; Language is not a proxy for race



Multidimensional Ethnicity

(López, 2013)





Hispanic/Latin@s Within the Same Biological Families May Occupy VERY Different Racial Master Statuses



Do all of these subgroups have similar health statuses, life expectancy, experience with law enforcement, when looking for an apartment, interacting with health professionals in ER, in schools, airport, immigration officials, etc.?

Hispanic Origin in U.S. (* National Average 2010 Census)	White (53%*)	Some Other Race (37%*)	Black (3%*)
Mexican, Mex. Am., Chicano	53%	40%	1%
Puerto Rican	53%	28%	9%
Cuban	85%	6%	5%
Dominican	30%	46%	13%
South American	66%	25%	1%



Key Reflection Questions: Got Use-Inspired Analytical Rigor?

Is national origin/ethnicity a proxy for race as a MASTER social status?

Is race a proxy for national origin/ethnicity?

Can knowing that someone has marked their race as “Hispanic” and wrote in “Mexican” or “Puerto Rican” tell you anything about their race as a MASTER racial status?

Should “American” be added to the list of national origin examples given under each race box? If so, which “race” box should we add American to? What if a large number of “Americans” moved to Latin America. Should Latin American Countries create an “American” race box?

What are the pitfalls of analytical equivalence? How would data that conflates national origin, ancestry with race as a MASTER SOCIAL STATUS into one question be counted for Civil Rights monitoring and enforcement in voting, housing, employment, law enforcement?

If language is not a proxy for race why should national origin be considered a proxy?

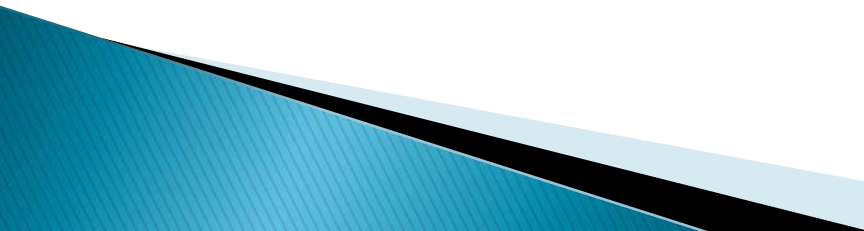
*****FOCUS ON NATIONAL, FEDERAL, STATE, LOCAL USE OF DATA/RACIAL FORMATION/RACIAL PROJECT*****

◦ Which box will states/municipal gov'ts and institutions choose to place folks in? Will the person filling out the survey know how they will be reallocated at the state level for Civil Rights purposes such as race-gender profiling? Will there be double counting?

UNINTENDED CONSEQUENCES OF “COMBINED” Hispanic Origin & Race

- **CONTRIBUTES TO LUMPING, HOMOGENIZATION, ERASURE OF DIFFERENCE**
 - AAA (1998) Memo to OMB re: Directive 15 – advocated replacing the word “race” with “ethnic group”
 - ASA (2003) Race Statement Affirms the Need to Collect and Do Scientific Analysis on Race as distinct from ethnicity
- Do we want to be like France and most Latin America/Caribbean--Blind to On-going Racial Inequalities within ethnic groups, national origin, and ancestry groups
- **REARTICULATES** the ultimate purpose of this data collection from Civil Rights Monitoring & Enforcement to the collection of “identities/racial ideologies” devoid of any link to social outcomes/structural inequality in housing, education, employment, etc.
- **FETISH OF “GOOD INTENTIONS”** – bureaucratic narrow focus on decontextualized and ahistorical “accuracy” & “reliability” rather than useful data for civil rights monitoring; helping people see themselves on the Census is more important than useful data for Civil Rights purpose
- **CONTRIBUTES TO COLRBLIND NEOLIBERAL RACIAL PROJECT** discourse on saving “real estate” on the questionnaire; “streamlining” vs. Civil Rights use; ironic given that future census will be administered online and therefore less expensive; also worrisome because we know that vulnerable communities don’t have the same quality of access to the internet; we already got rid of the long-form; eventually we will be like Canada eliminated the decennial census (just sample like American Community Survey)
 - Omi & Winant (2015) Racial Formation in the U.S. (Third Edition)

TOWARD CONCEPTUAL RIGOR ...

- ▶ CONCEPTUALIZING & OPERATIONALIZING
 - ▶ “RACE” AS A MULTI-LEVEL SOCIAL CONSTRUCTION BY
 - ▶ NEED TO LINK THE INDIVIDUAL, INSTITUTIONAL & STRUCTURAL LEVELS
 - ▶ MAPPING PATHWAYS OF INEQUALITY & RACIALIZED-GENDERED SOCIAL DETERMINANTS OF HEALTH
- 

Lower East Side, Manhattan, New York, Public Housing Projects



HALLWAY IN PUBLIC
HOUSING, LOWER EAST
SIDE MANHATTAN, NYC



Coops, Lower East Side (Racial Formation at the Macro/Meso Level)



(See Massey & Denton, 1994; Harris, 1993)

Federal Housing Study–Audit Study (Turner et al., 2012)

- ▶ Housing Discrimination Against Racial and Ethnic Minorities 2012
- ▶ U.S. Depart. of Housing and Urban Development
- ▶ 8,000 participants in 28 metro areas
- ▶ Multiple measures of race
- ▶ Some discrimination related ethnic markers; most of the discrimination related to “race” – when people showed up—those with visible differences suffered the most discrimination

NYC Public Housing, De facto Segregation, Lower East Side (Linking Macro, Meso, Micro Levels to Health)



See Williams, 2000



NYC Public Schools & De Facto Segregation



***NO HATS
ALLOWED!!***



School to Prison Pipeline & Racialized Discipline Policies at the Linking Macro, Meso, Micro-Level Racial Formations
(See López, 2003; Ferguson 2000; Alexander 2010)

Schools as Racialized, Gendered and Classed Institutions

- ▶ Every state institution is a racial institution, but not every institution operates in the same way (Omi & Winant, 1994:83)
- ▶ “Schools do not merely inherit or manage racial and ethnic identities; they create and enforce racial meanings. Schools as contested spaces, structure the conditions for the embodiment, performance, and/or interruption of sustained and inequitable racial formations (Fine, 2004, p. 246).”

Macro-Level

STRUCTURAL ARRANGEMENTS/POWER/PRACTICES: Laws, Popular Culture & Representation, Environmental Policies, State & National Policy (Health, Housing, Education)

Meso-Level


INSTITUTIONAL POWER/PRACTICES: Social Institutions, Neighborhoods, Community Context

Micro-Level

Contextualizing Lived
Race-Gender as a
Social Status,
Embodiment

RACIALIZED-GENDERED
SOCIAL DETERMINANTS
OF HEALTH

PRACTICAL IMPLICATIONS FOR DATA COLLECTION

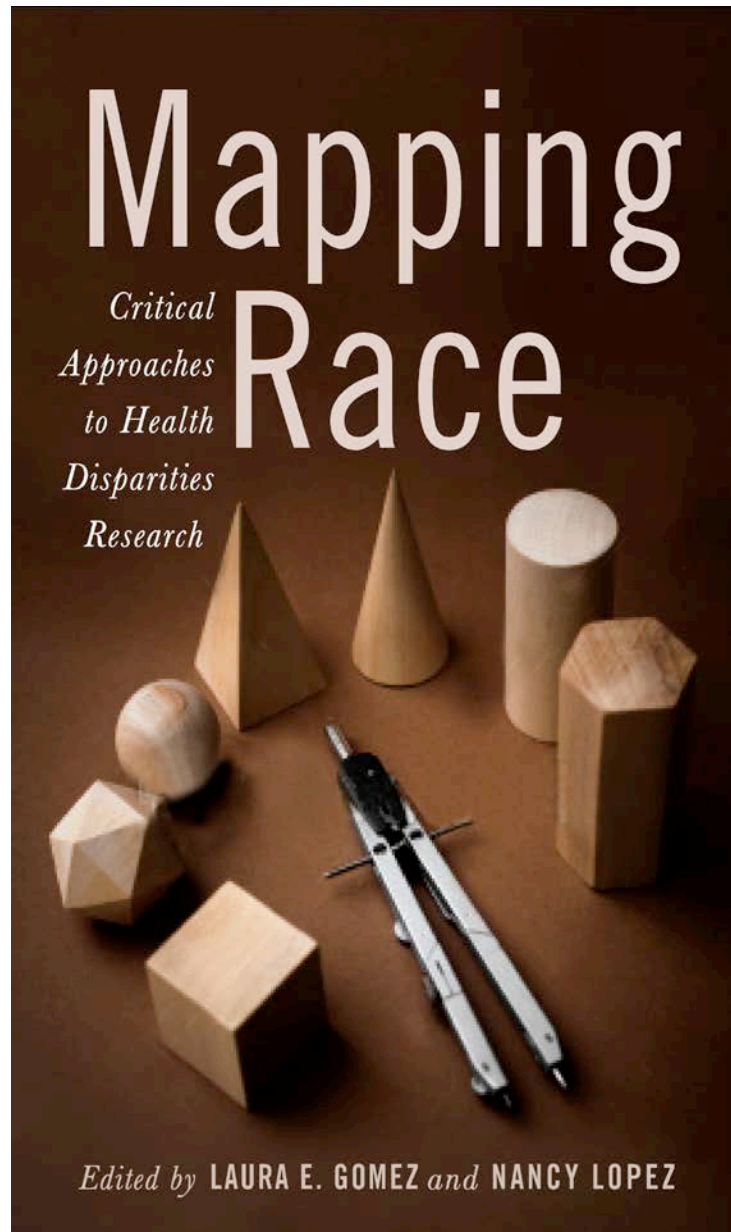
- ▶ Create a statewide and institutional data policy consortium (OMB allows contextualized data)
 - ▶ Include separate questions on race and ethnic origin as well as generational status and ancestry
 - ▶ Leverage multi-dimensional measures (e.g., street race-gender; generational status)
 - ▶ Include Multi-level Measures (e.g., segregation)
 - ▶ Everyday Discrimination Scales that attend to gender
 - ▶ Longitudinal Studies that link micro, meso, macro levels
 - ▶ Radical Contextualization: Ethnography, Participant Observation, Storytelling, uncover mechanisms, etc.
 - ▶ Leverage Intersectionality – examining race, gender, class, etc. together for Analysis and Policy
- 



National Institutes of Health (NIH) Workshop, April 29–30, 2011 Institute for the Study of “Race” & Social Justice, RWJF Center for Health Policy, UNM



2013



Rutgers University
Press

Provides an arsenal of multidisciplinary, conceptual, and methodological tools for studying “race” specifically within the context of health inequalities and beyond.

CITATION FOR CONCEPTUAL MODELS/DIAGRAMS

López, Nancy. 2013. “Contextualizing Lived Race–Gender & the Racialized–Gendered Social Determinants of Health,” in Mapping “Race”: Critical Approaches to Health Disparities Research, Laura Gómez and Nancy López (editors), New Brunswick, Rutgers University Press.

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Other Relevant Publications

- ▶ López, Nancy. 2013. “Killing Two Birds With one Stone? Why we Need Two Separate Questions on Race and Ethnicity for the 2020 Census & Beyond,” *Latino Studies Journal*, 13:428–438.
- ▶ López, Nancy. 2003. *Hopeful Girls, Troubled Boys: Race & Gender Disparity in Urban Education*. New York: Routledge.

2011 Symposium – Racial and Ethnic Measurements for 2020 Census–Need Power Mapping: Who is making decisions?



College for Social Transformation Working Group (2012–2014)



Visit: socialtransformation.unm.edu

!Gracias! Thank You!

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HANDOUTS & POSTER