DAY 10: How Your Race Affects Your Health

The COVID-19 pandemic has shed light on the disproportionately high number of deaths in the black community. In an interview with Jimena Loveluck, the Washtenaw County Health Officer shared "We know viruses do not discriminate based on location, race, ethnicity, or national origin," said Washtenaw County Health Officer Jimena Loveluck. "However, viruses like COVID-19 can highlight health disparities that are deeply rooted in our society." In Michigan, a disproportionate number of total confirmed COVID-19 cases and deaths involve Black patients, even though they make up only 14% of the State population.

Deaths due to COVID-19 in the State of Michigan


You may have heard about the wealth gap, but have you heard about the wealth-health gap? According to the NY Times 1619 Project, "racial health disparities are foundational as democracy itself."

Socioeconomic status and institutional racism lead to disparities across living conditions, limit access to quality health care, and contribute to chronic stress. The factors lead to shorter life spans and higher likelihood of adverse health outcomes for people living in poverty and people of color.
Healthcare costs also make up a significant portion of a household’s annual budget, placing additional stress on families that may or may not have insurance and access to quality care. In developing the 2019 ALICE Report, the most significant driver of increases in the Household Survival Budget from 2010 to 2017 was health care costs, including an average 59 percent increase in out-of-pocket costs.

In Michigan, we are seeing how race and income can disproportionality impact individuals’ health. Importantly, the studies cited below illustrate that this is not a result of individual choices, but rather institutional racism:

- Published in the journal, Nature, a recent study found that millions of black people have been affected by racial bias in health-care algorithms used by many U.S. hospitals, resulting in black people being less likely than white people who were equally sick being referred to programs.
- A study by the American Bar Association notes that “the poverty in which black people disproportionately live cannot account for the fact that black people are sicker and have shorter life spans than their white complements . . . racial and ethnic minorities receive lower-quality health care than white people—even when insurance status, income, age, and severity of conditions are comparable.”

**Today’s Challenge**

**Option 1:** Hear Dr. Camara Phyllis Jones explain social determinants of health through her analogy of the “cliff of good health” in a video collaboration with the Urban Institute.

**Option 2:** Watch David. R Williams, a public health sociologist, on the TED stage discuss why race and deep-rooted systemic racism have such a profound impact on health.

**Option 3:** Check out this Fact Sheet from the American Psychological Association exploring the compounding impact of socioeconomic status and race on health.

**Option 4:** Hear the story of Henrietta Lacks, an African American woman whose cells have been used to test the effects of radiation and poisons, to study the human genome, to learn more about how viruses work, and played a crucial role in the development of the polio vaccine. It is most important to note that, while Ms. Lacks’ cells have been the source of life-saving medical solutions, no consent was obtained to culture her cells, nor were she or her family compensated for their extraction or use.

**Option 5:** Listen to this episode of the Michigan Minds Podcasts on How Structural Racism Generates Health Disparities.
**Share your reflections** on today’s topic on social media using the hashtag #unitedforequity, #miuwequitychallenge, #uwwcequity and tag @uwwashtenaw.