presents a Congressional Briefing on:

Understanding and Addressing Disparities in Physical and Mental Health: Insights from Psychological Science

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Presentation Goals

1. Define health disparities and who they target
2. Explain health disparities
3. Implications of psychological science for policy
What are health disparities and who is targeted?
From Diversity to Disparity

• Diversity is a source of US national pride
• Groups that are stigmatized, of low-status, and/or disadvantaged disproportionately burdened with negative health
• Health disparities: Systematic (but preventable) differences in poor health
Physical and Mental Health Disparities

• Obesity and HIV, risk factors for morbidity
• Chronic diseases such as diabetes, hypertension, coronary heart disease
• Mortality caused by stroke, some cancers
• Stress, a risk factor for anxiety and depression
Physical Health Disparities

- U.S. Population
- Child Obesity
- Child Diabetes (new cases)
- Adult Obesity
- Adult Diabetes
- Adult Hypertension
- Adult HIV (new cases)

Categories:
- White, non-Hispanic
- Hispanic
- Black, non-Hispanic
American College Health Association National College Health Assessment

Sample (N=27,454)

Anxiety

Depression

Considered Suicide

Attempted Suicide

Heterosexual
Gay/Lesbian
Bisexual
Questioning

0 20 40 60 80 100

Sample (N=27,454) Anxiety Depression Considered Suicide Attempted Suicide

Heterosexual Gay/Lesbian Bisexual Questioning
Religious Groups and Mental Health

- Christian (n=526)
- Muslim (n=125)
In sum...

• Physical health disparities unfairly target individuals from stigmatized, low-status, and/disadvantaged groups
  • Even after controlling for socio-economic status
• Mental health disparities unfairly target Muslim Americans, LGTB individuals
Why do health disparities exist?
From Social to Psychological Determinants

• Social: the structural determinants and conditions in which people are born, grow, live, work and age

• Psychological: Identity is a reliable and strong predictor, so identity-based psychology matters

• Social psychological science’s contribution highlights the role of biases and how they affect the minds of those who are targeted
Biases in Actions, Thoughts, and Feelings

• Discrimination in health, educational, and work settings
• Hate crimes
• Implicit biases
  • Impact on self and identity
Religion FBI Hate Crime Statistics

Victims of Religion-Based Hate Crimes

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Jewish</th>
<th>Catholic</th>
<th>Protestant</th>
<th>Islamic (Muslim)</th>
<th>Other Religions</th>
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<td>2013</td>
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- Jewish: 10.18%
- Islamic (Muslim): 66.85%
LGB FBI Hate Crime Statistics

![Bar Chart](chart.png)

- Total Victims of Sexual Orientation-Based Hate Crimes:
  - 2013
  - 2014
  - 2015

- Victimization by Sexual Orientation:
  - Heterosexual
  - Bisexual
  - Lesbian
  - Gay (Male)
Gender FBI Hate Crime Statistics

![Graph showing hate crimes based on gender identity]

- **Total Victims of Gender Identity-Based Hate Crimes**
  - 2013: 30
  - 2014: 100
  - 2015: 120

- **Transgender Victims**
  - 2013: 20
  - 2014: 60
  - 2015: 80

- **Gender Non-Conforming Victims**
  - 2013: 10
  - 2014: 40
  - 2015: 40
What is implicit bias?
I think implicit bias is a problem for everyone, not just police. I think unfortunately too many of us in our great country jump to conclusions about each other and therefore I think we need all of us to be asked the hard questions ‘why am I feeling this way?’

Last week you said that we have to do everything possible to improve policing to go right at implicit bias. Do you believe police are implicitly biased against black people?

Potential implicit biases in:
• Policing
• Classrooms
• Health Settings
thoughts (mental associations)
unaware
quick
cultural
some non-social
some social
(un)welcomed judgements and actions

what is implicit bias?
Implicit Association Test (IAT) to measure Implicit Anti-Hispanic Bias

- Bad or Hispanic
- Good or White
- filth
- Manuel
- laughter
- Hank

- Bad or Hispanic
- Good or White
- Bad or White
- Bad or White
- Bad or White
Adult Participants

Implicit Bias Against Hispanics

Non-Hispanic

Hispanic

Weak

Strong
Health Impact of Implicit Bias (Thoughts)

- Experiments “trigger” implicit biases
- Measure
  - food preferences with Hispanic and African-American adults and children
  - state mental health with Muslim-Americans
Food Rankings

Preference for Healthy over Unhealthy Foods
Food Rankings

Preference for Unhealthy over Healthy Foods
Hispanic and African-American Adults

![Graph showing food preferences](image-url)
Hispanic and African-American Children

![Graph showing food preferences with and without implicit bias. The graph compares healthy and unhealthy food preferences between children with no implicit bias and those with implicit bias.](image-url)
Muslim Americans

![Graph showing the comparison between state mental health with and without implicit bias.](image_url)
Non-Muslim Americans

![Bar chart showing state mental health under conditions of no implicit bias and implicit bias]

- More Calm
- Less Calm

- State Mental Health

- No Implicit Bias
- Implicit Bias
In sum...

- Biases exist, sometimes in very atrocious ways
- Often implicit
- Can shape health and health-related outcomes that result in health disparities
What are the implications of psychological science for social and health policy?
Health Disparities is a Social Justice Issue

• Certain groups are relatively disadvantaged, of low status, and/or stigmatized
• In general, these groups suffer disproportionately from multiple poor health outcomes
• Health disparities are preventable and result from modifiable circumstances over which individuals may have little control
Health Disparities as a Social Justice Issue

The United States has played a historical role in addressing social justice issues. Brown vs. Board of Education, the Civil Rights Act, and the American with Disabilities Act are examples in which social issues drove the United States to reject (or protect its citizens from) institutional forms of prejudice and discrimination. The present social issue is health disparities, and like the issues that came before it, this issue is about justice (Braveman et al., 2011). This is consistent with the values held by many contemporary societies including the United States. Such principles are driven by the belief that all human beings regardless of their demographic background should be afforded basic, equal, and fair rights (Jones, Hatch, & Troutman, 2009). One such right should be the opportunity to live a healthy life because it enables citizens to work, to participate in government and political activities, and to enjoy their personal lives including their close relationships. Physical health disparities are an injustice because it limits the ability of certain social groups—in this case, those that are the target of ethnic-racial stigma—to function in society. It is unfair that stigmatized individuals who suffer poor health should be further disadvantaged by their inability to enjoy a host of social benefits and privileges.
Health Disparities as a Social Justice Issue

• Social and health implications stem from this basic principle
  • From health disparities to health equity
  • Differentiates health differences thought to reflect injustice from health differences in general
LONG-TERM NEIGHBORHOOD EFFECTS ON LOW-INCOME FAMILIES: EVIDENCE FROM MOVING TO OPPORTUNITY

ABSTRACT

We examine long-term neighborhood effects on low-income families using data from the Moving to Opportunity (MTO) randomized housing-mobility experiment, which offered some public-housing families but not others the chance to move to less-disadvantaged neighborhoods. We show that 10-15 years after baseline MTO improves adult physical and mental health; has no detectable effect on economic outcomes, youth schooling and youth physical health; and mixed results by gender on other youth outcomes, with girls doing better on some measures and boys doing worse. Despite the somewhat mixed pattern of impacts on traditional behavioral outcomes, MTO moves substantially improve adult subjective well-being.
Implications for Health Policy

• Educate individuals and train professionals
  • Health care disparities
• Provide affordable and quality healthcare to all
• Support scientific research effort
  • Understand health disparities, who and why
  • Identify protective and resilience factors among the those who are healthy, despite challenges
  • Provide a more solid foundation for the creation and implementation of culturally sensitive prevention and treatment programs
Students, Collaborators, & Funding Sources

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