Education and the Promotion of Health Equity in the U.S.; Context and Trends

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Outline

1. Civil rights law since 1950 and the state of education for the black population in the U.S.

2. The current state of black access to social determinants of health and of health equity in the U.S.

3. Early childhood education as a key to progress.
Civil rights law since 1950 and the state of education for the U.S. black population

1. What do civil rights have to do with health?

2. Why education matters


4. Laws not enforced are promises unkept.

5. Desegregation of schools works

6. The state of education for the black population in the U.S.
What Might Civil Rights Have to Do with Health?

- Civil rights seek to assure that all citizens have equal access to society’s goods and opportunities, including participation in societal decision-making.

- Early lack of civil rights by several racial/ethnic populations, women, the disabled, the poor, etc. have deprived these populations of resources that promote health and address ill health. Many of these deprivations were established by law and policy. It is only recently that many have been dismantled. Some persist.

- In addition to the deprivations themselves, lack of equal access may also promote a sense of inadequacy and inferiority, as well as anger. These negative emotions may in themselves have harmful effects.

- Civil rights often specifically address the populations that have suffered and continue to suffer deprivations in our society—racial/ethnic minorities.
Civil Rights and civil rights enforcement

Federal/state constitutions, amendments, legislation, and court decisions

Access to societal resources:
- Healthy and safe environment
- Housing/accommodation
- Healthy food and other resources
- Education
- Employment
- Financial institutions
- Justice
- Transportation
- Health care
- Defense

Civic participation, social capital, and sense of control

Self-respect

Reduced traditional prejudices

Cohesive, egalitarian community

Reduced morbidity and injury

Improved intergenerational well-being

Health equity

What Are Civil Rights?

14th Amendment

• Section 1.

“All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the state wherein they reside. No state shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any state deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.”
Civil Rights Act (1964)

Title VII.

“To enforce the constitutional right to vote, to confer jurisdiction upon the district courts of the United States to provide injunctive relief against discrimination in public accommodations, to authorize the attorney General to institute suits to protect constitutional rights in public facilities and public education, to extend the Commission on Civil Rights, to prevent discrimination in federally assisted programs, to establish a Commission on Equal Employment Opportunity, and for other purposes.”
Titles of the Civil Rights Act of 1964

Civil Rights Act 1964

Key Titles
Title I
Title II

Title III
Bars unequal voter registration requirements
Bars discrimination in public facilities engaged in interstate commerce
Bars government discrimination in access to public facilities
Encourages desegregation of schools and advocates enforcement

Title IV
Bars discrimination by government agencies that receive federal funds.

Title VI
Prohibits discrimination by covered employers

Title VII, amended as Equal Employment Opportunity Act (1972)
Requires voting data in specified regions. Prohibits discrimination in the sale, rental, and financing of homes
Facilitates transfer of civil rights cases from prejudicial state courts to federal court, fostering more consistent application of laws.

Title VIII, amended as Fair Housing Act
Establishes the Community Relations Service to assist in community disputes regarding discrimination

Title IX
Mississippi infant mortality, 1955-75.

Post-neonatal deaths due to diarrhea and pneumonia, black and white infants

Authors estimate that in the rural south:
1965 – 1975: additional 5,000 – 7,000 black infants survived
1965 – 2002: >25,000 black infants survived

What Might Education Have to Do with Health?
What is education?

“Education teaches a person to use his or her mind: Learning, thinking, reasoning, solving problems, and so on are mental exercises that may keep the central nervous system in shape the same way that physical exercise keeps the body in shape.”


“A person is unhealthy if he or she lacks basic knowledge, the ability to reason, emotional capacities of self-awareness and emotional regulation, and skills of social interaction.”

How education promotes health and health equity

Segregation Laws in 1952

Do we need more civil rights provisions/laws than we have?
Do we need better civil rights enforcement?
Other avenues of strengthening civil rights, e.g., education about structural racism and social determinants?
Brown vs. Board of Education (1954)

“We conclude that, in the field of public education, the doctrine of "separate but equal" has no place. Separate educational facilities are inherently unequal. Therefore, we hold that the plaintiffs and others similarly situated for whom the actions have been brought are, by reason of the segregation complained of, deprived of the equal protection of the laws guaranteed by the Fourteenth Amendment.”

Transcript of Brown v. Board of Education (1954)
How Racial and Ethnic Residential Segregation Harms Well-Being and Promotes Health Inequity

Causes of segregation:
- Racial/ethnic prejudice and practice
- Historic federal, state, and local government policies
- Discrimination in rental and owner home location
- Lender discrimination in home financing
- Weak enforcement of anti-discrimination laws

Racial/Ethnic Residential Segregation

Limited access to resources and social determinants of health:
- Safety
- Environment and Sanitation
- Housing
- Transportation
- Employment
- Cost of living
- Education
- Nutrition, alcohol, and substance abuse
- Health Care
- Recreation
- Justice
- Empowerment and community

Psychological harm:
- Self-respect
- Sense of control

Morbidity and injury
Intergenerational poverty
Community breakdown
Prejudices reinforced; victims blamed
Health inequity expanded

Hahn, RA, “Racial and Ethnic Residential Segregation as a Root Social Determinant of Public Health and Health Inequity: A Persistent Public Health Challenge in the United States” Poverty and Race, April-June 2017
Effects of Desegregation

- Each year in desegregated school increases likelihood of graduation by 1.3% - 2.9%

- For black men, early years in desegregated school reduces the likelihood of jail by 14.7% by age 30

- Five years in a desegregated school increases earnings by 25%

Consequences of court ordered desegregation on probability of high school graduation.

## Double Segregation in the U.S. – Segregation by Poverty (in Addition to Race), 2001 – 2010

<table>
<thead>
<tr>
<th></th>
<th>Poor Students Share of School Enrollment</th>
<th>Typical White Exposure to Poor Students</th>
<th>Typical Black Exposure to Poor Students</th>
<th>Typical Asian Exposure to Poor Students</th>
<th>Typical Latino Exposure to Poor Students</th>
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</thead>
<tbody>
<tr>
<td><strong>Nation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2001-2002</td>
<td>37.8%</td>
<td>26.8%</td>
<td>55.5%</td>
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<td>57.9%</td>
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<tr>
<td>2006-2007</td>
<td>42.8%</td>
<td>31.7%</td>
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<tr>
<td>2009-2010</td>
<td>47.8%</td>
<td>37.0%</td>
<td>63.8%</td>
<td>39.2%</td>
<td>63.5%</td>
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</table>

**Trends in Exposure to Poverty for Whites, Blacks, and Hispanics, 2001 - 2009**
The state of equity in the U.S. in the early 20th century

Indices of access and equity created by combining six social determinants of health

- high school non-completion
- incarceration
- non-home ownership
- poverty
- unemployment
- voter non-registration

Rates for blacks and whites ascertained in each state
Methods

Access: rate of each social determinant of health in each state for blacks and whites

Inequity: difference in rates of social determinants of health between blacks and whites in each state.

- Each state ranked on each determinant for access and inequity.
- Ranks summed for each state.
- Overall access and inequity ranks calculated.
- Ranks sorted by region and mapped.
Five hypotheses about determinant access and determinant equity

1. Black access to social determinants of health is lowest in southern states and highest in northern states, including the midwestern and northeastern states, and in western states.

2. Black-white inequity in social determinants is highest in southern states and lowest in northern states, including the midwestern and northeastern states, and in western states.

3. Larger proportion of blacks in a state is associated with a greater political and economic control of resources, thus with greater access to social determinants and greater equity.
Five hypotheses about determinant access and determinant equity

4. Social determinant access and access inequity are associated with self-rated black health in states—the greater the access, the greater the self-rated health; in addition, the greater the equity, the higher the self-rated health.

5. Social determinant access and access inequity are associated with black age-adjusted mortality rates in states—the greater the access, the lower the black mortality; in addition, the greater the inequity, the higher the black mortality.
Social determinant access among the US Black population,* ranked by state (darker shades = lower access)

Rank by state
1-11
12-21
22-31
32-41
42-51
Note: Higher rank/darker shade indicates less access

*High school completion, incarceration, poverty, employment, homeownership, voter registration
Black-white inequity in social determinants,* ranked by state (darker shades = greater inequity)

*High school completion, incarceration, poverty, employment, homeownership, voter registration
Five hypotheses about determinant access and determinant equity

1. **FALSE:** Black access to social determinants of health is lowest in southern states and highest in northern states, including the midwestern and northeastern states, and in western states.

2. **FALSE:** Black-white inequity in social determinants is highest in southern states and lowest in northern states, including the midwestern and northeastern states, and in western states.

3. **TRUE:** Larger proportion of blacks in a state is associated with a greater political and economic control of resources, thus with greater access to social determinants and greater equity.
Five hypotheses about determinant access and determinant equity

4. **TRUE**: Social determinant access and access inequity are associated with self-rated black health in states—the greater the access, the greater the self-rated health; in addition, the greater the equity, the higher the self-rated health.

5. **FALSE**: Social determinant access and access inequity are associated with black age-adjusted mortality rates in states—the greater the access, the lower the black mortality; in addition, the greater the inequity, the higher the black mortality.
Early Childhood Education Promotes Health Equity
Early Childhood Learning by Socioeconomic Class

Kansas City region, researchers Hart and Risley systematically recorded thousands of hours of verbal and nonverbal interactions with caregivers for 7 months old infants of professional, working-class, or parents who receive welfare.

Data collection continued on a regular basis for 3 years.
Analytic Framework: Center-Based Early Childhood Education Programs to Improve Health Equity

**Early Childhood Education Programs**
- Increase child’s motivation for school
- Increase child’s readiness to learn in the school setting
- Early identification of problems that impede learning

**Family:** supportive home environments promoted by parent participation in educational, social, and health opportunities and job training/employment
- Cognitive, social, and family health

**Intervention Outcomes**
- Higher educational attainment, high school graduation, and reduced drop-out rates
- Increased income and health care
- Decreased social and health risks

**Recommendation Outcomes**
- Health equity

**Cognitive:** Increased preschool children’s cognitive & intellectual performance

**Social:** Improved emotional and social competence and social interaction skills

**Health:** Increased children’s use of preventive health screenings and medical care

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Meta-Analytic Results: Early Childhood Education for Low-Income Three- and Four-Year Olds

## Cost–Benefit Studies for State and District Programs

<table>
<thead>
<tr>
<th>Author (Year)</th>
<th>Intervention</th>
<th>Cost per child</th>
<th>Intervention Benefit</th>
<th>Benefit–Cost Ratio</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Earnings only</td>
<td>Total benefit</td>
<td>Earnings only</td>
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<td>Kay et al. (2014)</td>
<td>WSIPP ECEAP</td>
<td>$7191 *</td>
<td>$26,791</td>
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<tr>
<td>Kay et al. (2015)</td>
<td>WSIPP National Estimates</td>
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<td>Cascio et al. (2013)</td>
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<td>Bartik et al. (2012)</td>
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Putting it all together

- Racist system, pervasive
- Slow dismantling, resisted
- Racial and ethnic segregation
- Education,* a path out
- Early education, an early path out

*"Education teaches a person to use his or her mind: Learning, thinking, reasoning, solving problems, and so on are mental exercises that may keep the central nervous system in shape the same way that physical exercise keeps the body in shape.”
Actions

- Speak up, teach others about the roots of inequity
- Work to end racial/ethnic residential segregation
- Advocate for universal, center-based early childhood education
- “Find a way to get in the way” (John Lewis)
Thank you!

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References


Hahn, RA, “Racial and Ethnic Residential Segregation as a Root Social Determinant of Public Health and Health Inequity: A Persistent Public Health Challenge in the United States” Poverty and Race, April-June 2017


