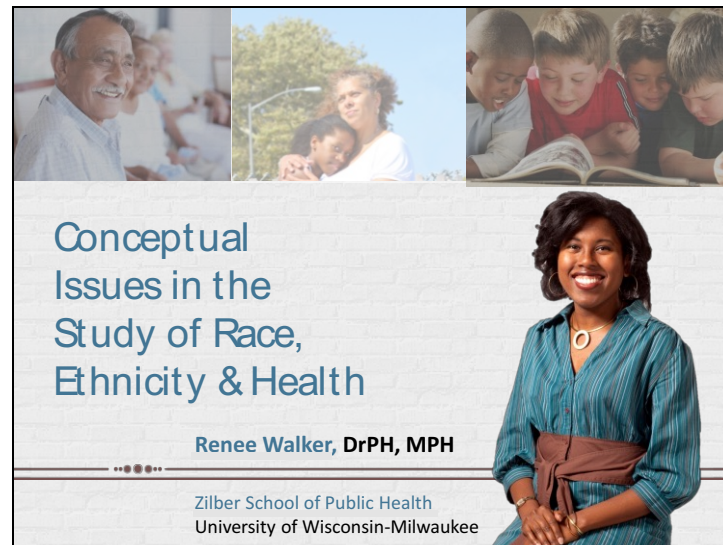


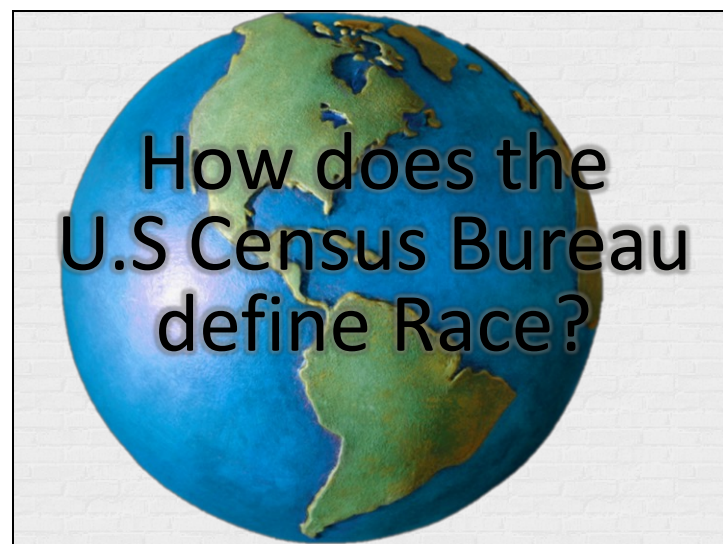
Slide 1



This week we will introduce the concepts of race and ethnicity as they have been used in the United States.

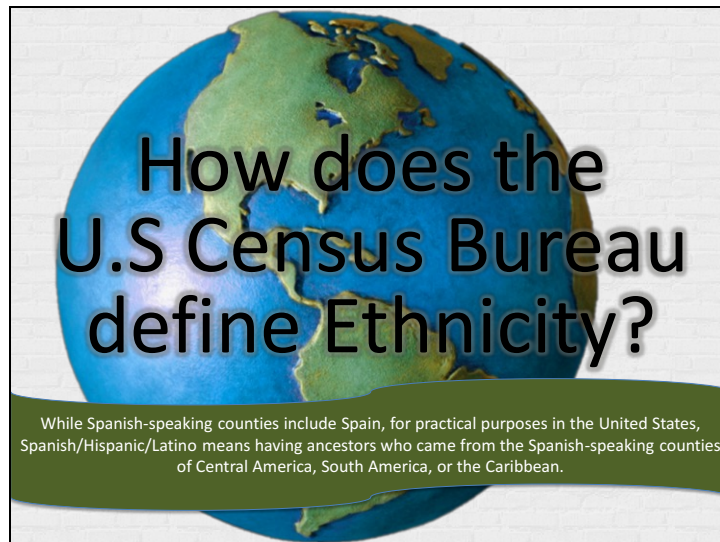
Did you know that being in a minority racial or ethnic group can be a form of social disadvantage - in and of itself? This is even after you take socioeconomic status into account.

Slide 2



Take a few minutes and review the Census Bureau's racial categories.

Slide 3



Now review the ethnicity categories.

Slide 4

Linking Race & Ethnicity to SES

Think about it...

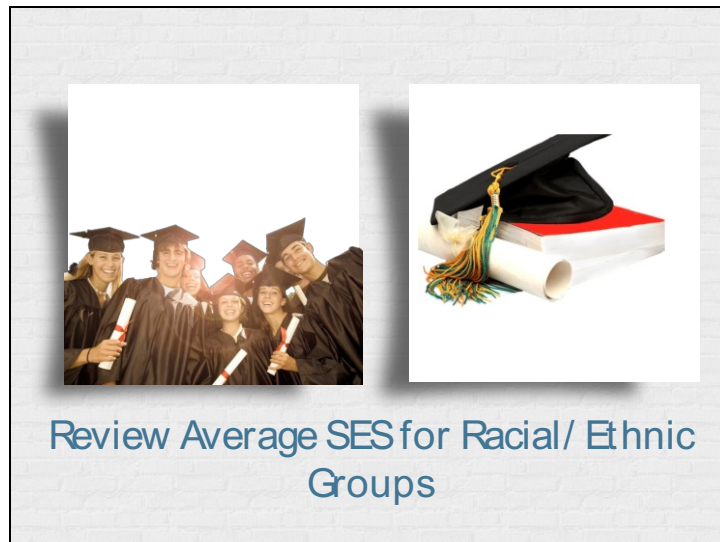
If race is a socially constructed category, and there are few meaningful biological differences among races, why do we see consistent patterns, in fundamental measures of group health status, such as death rates, infant mortality, and life expectancy?

what differences can we identify among racial and ethnic groups that can be linked to these health disparities?

If race is a socially constructed category, and there are few meaningful biological differences among races, why do we see consistent patterns, in fundamental measures of group health status, such as death rates, infant mortality, and life expectancy?

What differences can we identify among racial and ethnic groups that can be linked to these health disparities?

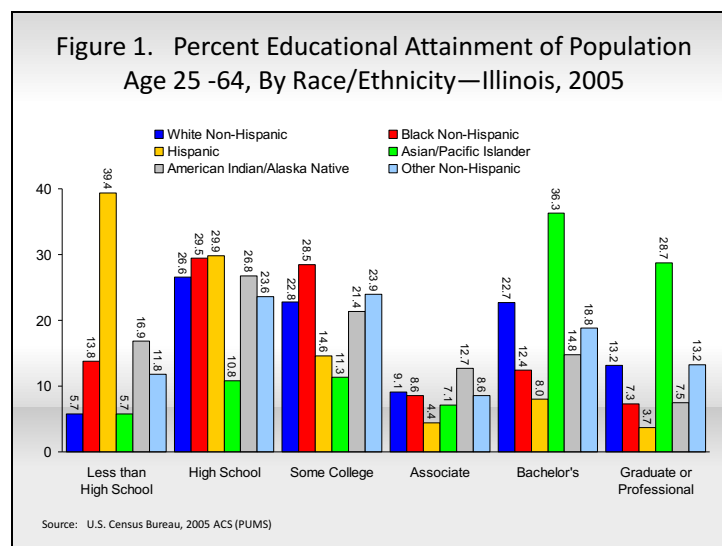
Slide 5



The answer to these questions becomes readily apparent when we look at the average socioeconomic status for members of these racial/ethnic groups.

Let's look at some data.

Slide 6



This data is from the US Census Bureau.

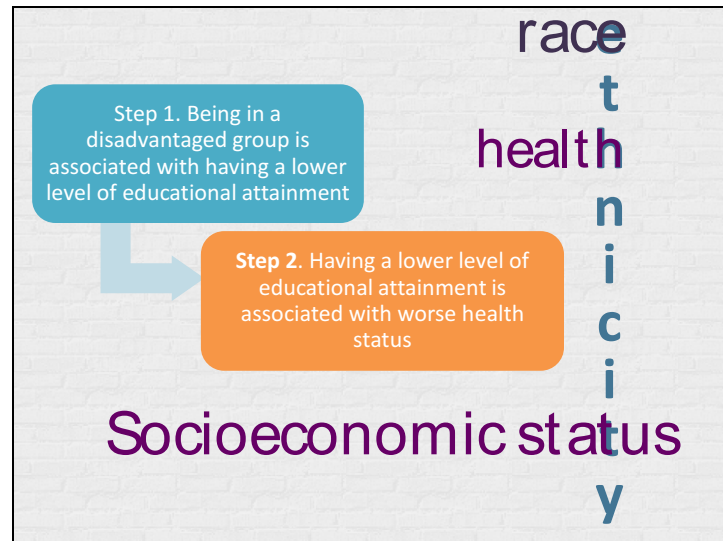
It shows the highest level of education attained by adults in the state of Illinois, age 25 to 64, broken down by race/ethnicity. The graph indicates the percentage within each group with the indicated level as of 2005. It is clear that non-Hispanic whites and Asians have substantially higher levels of education attainment than blacks and Hispanics.

To be specific, 13.2 percent of whites and 28.7 percent of Asians have attained graduate or professional degree; 3.7 percent of Hispanic and 7.3 percent of blacks have these degrees.

Comparably, 13.8 percent of blacks and 39.4 percent of Hispanics did not finish high school; 5.7 percent of whites and 5.7 percent of Asians also did not finish high school.

From what you already learned in this course, you know that educational attainment is a principal measure of SES. It is strongly associated with other measures of SES, such as income, and with health status.

Slide 7

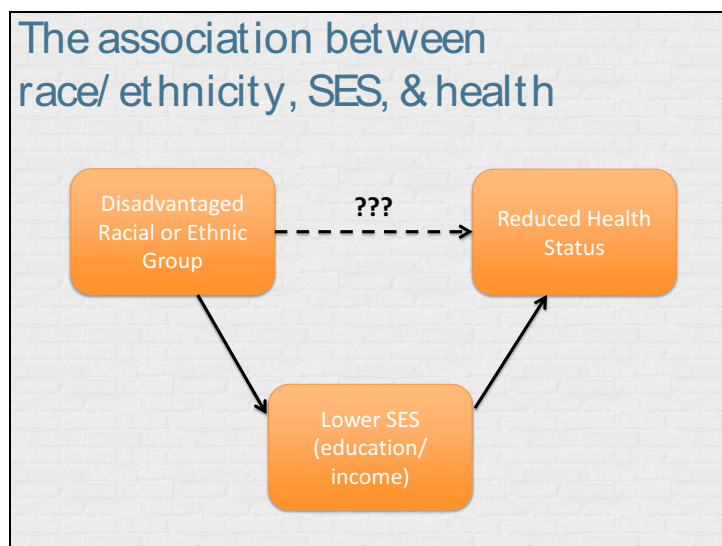


The association between being in a disadvantaged racial or ethnic group and having worse health status involves two steps.

Step 1... Being in a disadvantaged group is associated with having a lower level of educational attainment.

Step 2... Having a lower level of educational attainment is associated with worse health status, for reasons discussed earlier in this course.

Slide 8



This figure includes an arrow going directly from “disadvantaged racial or ethnic group” to “reduced health status”. The arrow is dashed rather than solid, indicating that it poses a question rather than illustrating an established relationship.

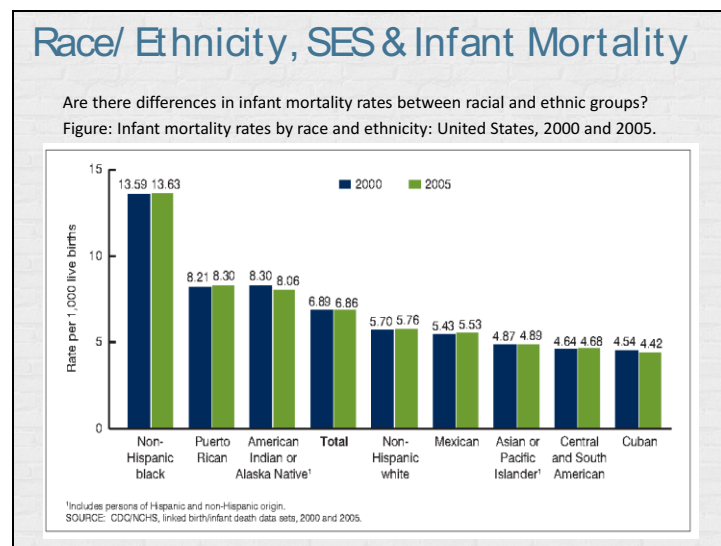
After taking account of differences in SES, is the health of blacks and Hispanics worse than that of whites? Blacks and Hispanics are the two groups with clear disadvantages in educational attainment and income.

Slide 9

Are there differences in infant mortality rates between racial and ethnic groups?

Now look at another example and different data. Are there differences in infant mortality rates, between racial and ethnic groups?

Slide 10



In 2005, there was a more than threefold difference in infant mortality rates by race and ethnicity, from a high of 13.63 for non-Hispanic black women to a low of 4.42 for Cuban women.

Infant mortality rates were above the U.S. average for women who were non-Hispanic black, Puerto Rican, and American Indian or Alaska Native.

These differences may relate in part to differences in risk factors for infant mortality such as preterm and low birthweight delivery, socioeconomic status, access to medical care, etc. However, many of the racial and ethnic differences in infant mortality remain unexplained.

Finally, notice that the infant mortality rate did not change significantly for any racial or ethnic group from 2000 to 2005.

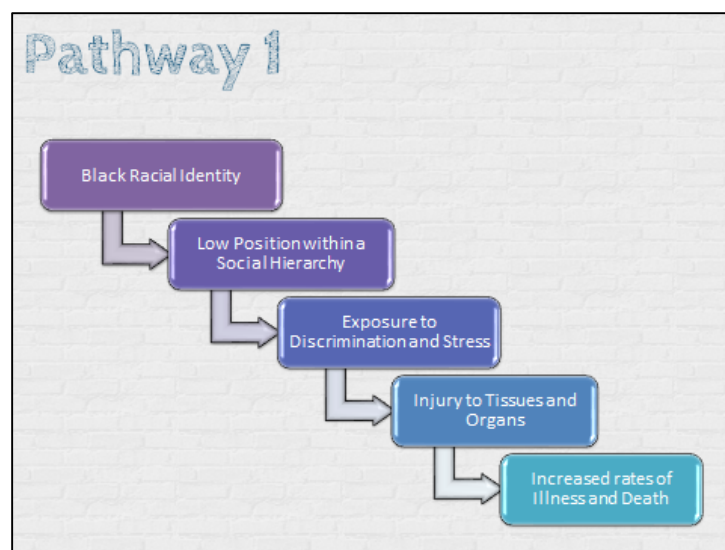
Slide 11



For infant mortality, life expectancy, and many other measures, those who are black by race have worse health on average than those who are white. This is due mostly to black/white differences in SES, but a disparity in health status persists even after taking SES into account.

There are some possible causes for the persistent racial differences in health status you should know.

Slide 12



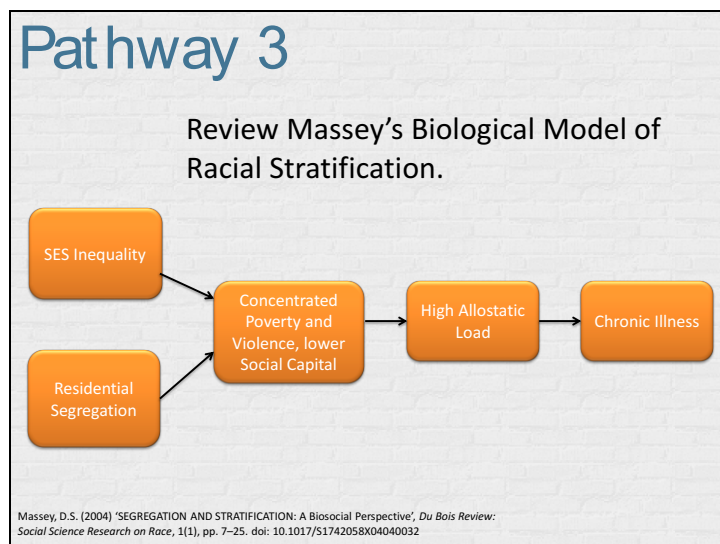
(No narration)

Slide 13



(No narration)

Slide 14



(No narration)

Massey, D.S. (2004) 'SEGREGATION AND STRATIFICATION: A Biosocial Perspective', *Du Bois Review: Social Science Research on Race*, 1(1), pp. 7–25. doi: 10.1017/S1742058X04040032


Slide 15

Acknowledgements

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Dr. Alice Yan and Dr. Renee Walker—at the Zilber School of Public Health, University of Wisconsin-Milwaukee—narrated the presentations and have taught the online course.

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(No narration)