



Study Guide: Race/Ethnicity and Discrimination

Issues and Questions

Last week we discussed health disparities and the correlation between socioeconomic status and health outcomes. This week we examine the patterning of racial inequities in health, including how racism and discrimination affect health. We particularly focus on theorized levels of discrimination: institutional and interpersonal.

Social epidemiologist **Nancy Krieger**'s chapter from *Social Epidemiology* provides a review of definitions, history, and patterns of discrimination in the US, and introduces Ecosocial Theory as a framework for thinking about discrimination and health inequalities. **Williams** considers how historical and contemporary racial discrimination affects and perpetuates racial inequities in SES and racial inequality in health. While race and SES are closely intertwined, **Williams** presents evidence showing that there is an added burden of race, over and above SES, that is linked to poor health. Lastly, **Lara et al.** review the concept of acculturation, particularly for Latino populations in the U.S. They consider the apparent better health status among Latinos in the US, but suggest that this obscures significant heterogeneity between Latino groups with different origins or cultural heritage, and offer explanations for this heterogeneity, specifically acculturation.

These readings give evidence of disparities in health along racial/ethnic lines, and potential social explanations for these inequities. While going through this week's assigned readings you should pay close attention to the definitions and conceptualization of race, ethnicity and discrimination; consider the alternative explanations to common behavioral or biologic explanations for racial disparities, and think about how policy can help to reduce racial health gaps.

Questions

1. How does Dr. Krieger define discrimination? How is *de facto* discrimination different from *de jure*? What are some mechanisms through which discrimination harms health? (Krieger lists 5)
2. What does Williams mean when he refers to the "added burden of race"? What are some of the ways racism affects health at the individual and institutional levels?
3. Williams suggests several ways to build political will to address racial disparities. What are some of these strategies? What framing strategies does he suggest are effective and which are ineffective?
4. What are some examples of positive, negative and neutral effects of acculturation? As planners, can you think of some policies that encourage the positive effects of acculturation but mitigate the negative?
5. The acculturation model presented by Lara et al. largely focuses on individual behaviors and behavioral practices. Does the acculturation model support, complement, or contrast the ideas presented by Williams and Krieger? Does it consider how discrimination may factor into negative



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health outcomes experienced by Latinos in the U.S.? Think back to the fundamental causes theory, what would Link and Phelan say about the model put forward by Lara et al.?

Key Terms

Discrimination- *de facto* and *de jure*

Institutional and interpersonal discrimination

Internalized racism

Assimilation

Acculturation

Segmented assimilation

Dissonant acculturation

Consonant acculturation

Selective acculturation

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