

## Taking a Biocultural Approach to Health Inequities: Theory, Measurement, and Application

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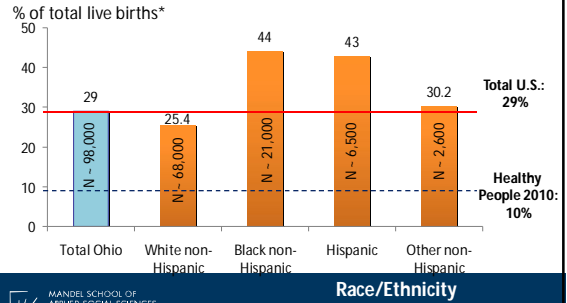
Cuyahoga County Board of Health  
CFHS Meeting  
May 29, 2013



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## Ohio: Lack of Prenatal Care in the 1st Trimester By Race/Ethnicity



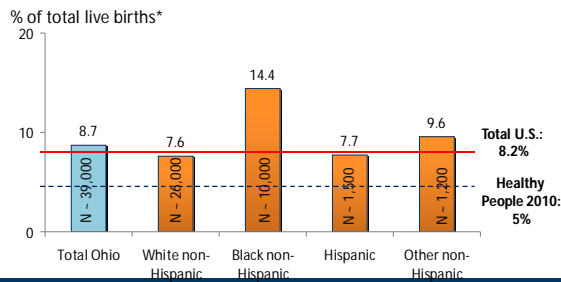
\* % of births with non-missing values in month of initiation of prenatal care



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## Ohio: Low Birth Weight (<2500 g) By Race/Ethnicity



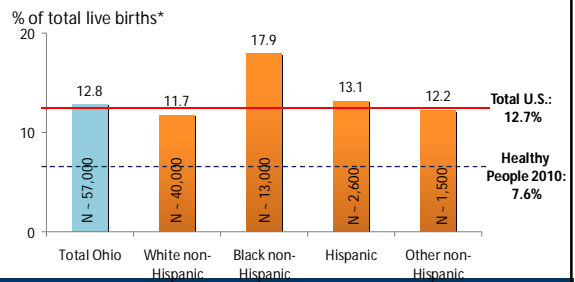
\* % of births with non-missing values in birth weight



Race/Ethnicity

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## Ohio: Preterm Birth (<37 weeks) By Race/Ethnicity



\* % of births with non-missing values in gestational age



Race/Ethnicity

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- Challenges of Preterm Birth, LBW
  - physical
  - social/emotional
  - short-term (e.g., feeding difficulties)
  - long term (need for special needs, other services)



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## Overview

- Theoretical Orientations/Approaches
- Measurement and Research
- Application



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## Health Disparities vs. Health Inequities

- Disparities: differences, inequalities
- Inequities: unjust inequalities

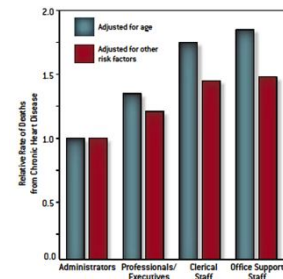
## THEORETICAL APPROACHES

## Social Determinants of Health

- "...the conditions in which people are born, grow, live, work and age. ...shaped by the distribution of money, power and resources at global, national and local levels." (World Health Organization)
- Structural conditions
  - Political system
  - Economics/class
  - Racism/Discrimination

## The Social Gradient

- Sir Michael Marmot
- Whitehall Studies
- Decrease in social status, decrease in health status



## Biocultural Perspective

- Intersection of culture and biology
- Joining of cognitive anthropology (beliefs) and medical anthropology (health)
- "Culture-as-meaning"
  - Groups of people share beliefs/ideas
  - Beliefs and ideas hold meaning
  - Beliefs that conflict can be stressful
  - Stress has direct influence on physical and psychological health

## Major Theories to Explain Health Disparities


- Racial-Genetic Model
- Health Behavior
- Socioeconomic Status
- Psychosocial Stress
- Structural-Constructivist Model

(Dressler, Oths, & Gravlee, 2005)

## Structural-Constructivist Model

- Culture determines what is meaningful (e.g., race, goals, etc.)
- Socially shared understandings (i.e., culture) direct our behavior and understanding of the world
- Social, psychological, biological processes occur at intersection of culture and social structure

(Dressler, Oths, & Gravlee, 2005)


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## Stressors and Resistance Resources

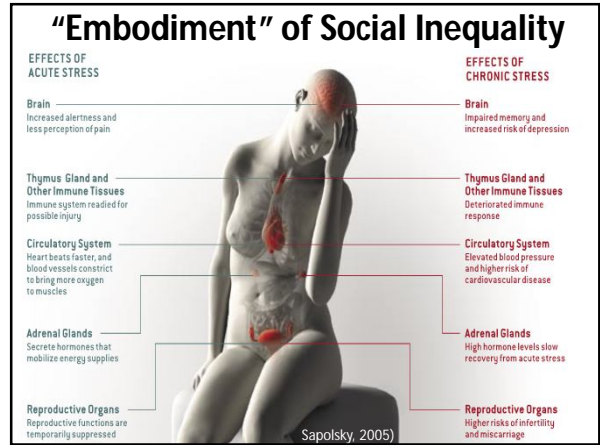
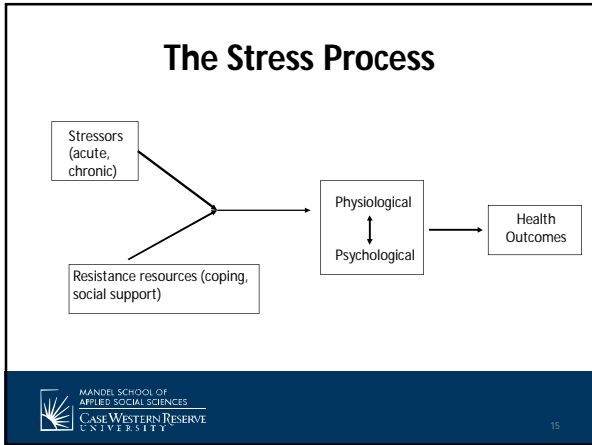
### Stressors

- Acute stressors
  - Natural disasters, war
  - Stressful life event (e.g., death of family member, job loss, divorce, etc.)
- Chronic stressors
  - Poverty
  - Social role stressors (e.g., marital stress, job stress, parental stress, financial stress, neighborhood stress)

### Resistance Resources


- Coping
  - Instrumental/active coping
  - Emotion-focused coping
- Social support
  - Institutional support
  - Formal social structure
  - Voluntary associations
  - Networks


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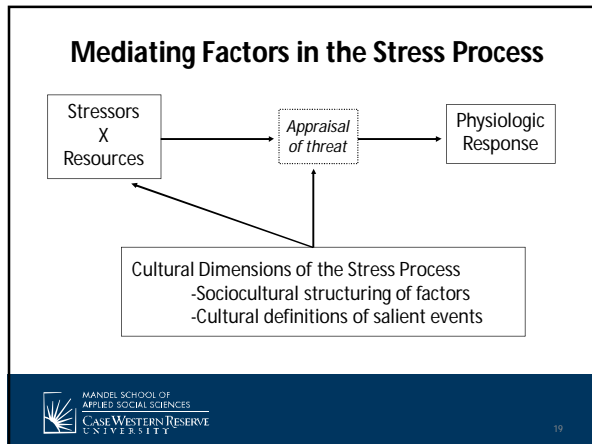
## Structural Constraints vs. Structural Violence

- Structural violence: Crime of commission vs. omission
  - Racism, classism, sexism, heterosexism
- Political economy
- Paul Farmer


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## MEASUREMENT


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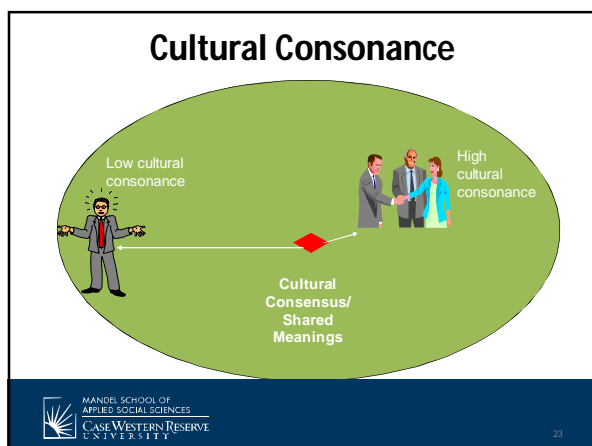
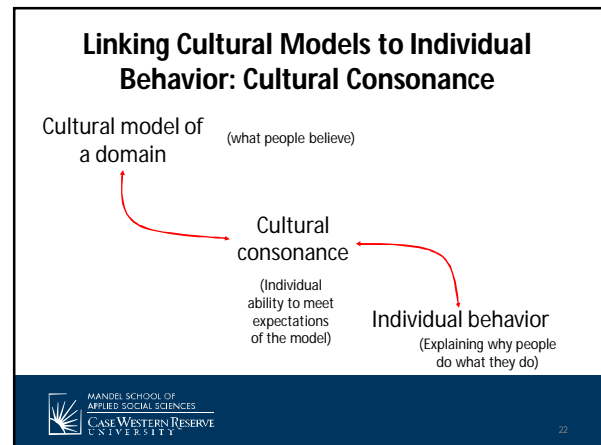
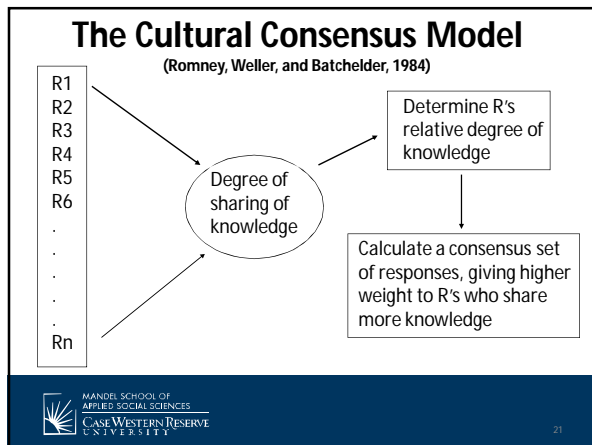


### Cultural Models

- schematized, shared and transmitted knowledge
- construct meaning
- represent social reality
- direct behavior
- enable interpretation of social behavior
- Individual models=(idiosyncratic, biographical + shared/cultural) (Shore, 1996)
- Cultural consensus model-agreement

Shore, 1996; Romney, Weller, & Batchelder, 1984

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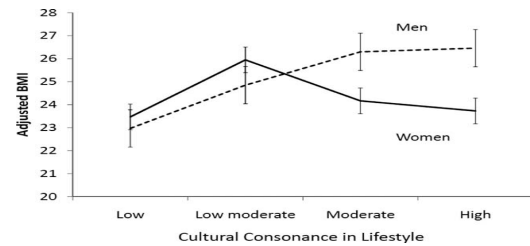
- Cultural Models
  - Cultural constructions or expectations of how life is to be lived
  - A modest lifestyle
  - Participation in social support systems
- Structural Constraint
  - High income inequality
  - Unstable employment
  - Low education levels
  - Social discrimination
  - Poor health care and social services

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## Cultural Consonance and Health

- Direct relationship between cultural consonance in lifestyle and income level of neighborhood (lower SES neighborhood-lower consonance) (Dressler, et al.)
- Structural and cultural factors in cervical cancer screening: Cultural consonance affects likelihood of getting PAP (Chavez et al., 2001)

## Cultural Consonance and Body Mass



(Dressler et al., 2012)

## Cultural Models of the Body

- Ideal body: symbol of power, high social status
- Those who achieve the ideal are among the society's most socially powerful
- "...thinness in the midst of abundance... projects the traditional message of power, and brings such social boons as upward mobility."

Ritenbaugh, 1991

## Obesity

- Obesity a result of coping/survival strategy:
  - Racism
  - Sexism, heterosexism
  - Trauma
  - Classism
  - Poverty
- Healthy relationships to body depend on access to "economic, cultural, racial, political, social and sexual justice" (p. 559)

(Wangsgaard Thompson, 1992)

## Job Strain and Birth Outcomes

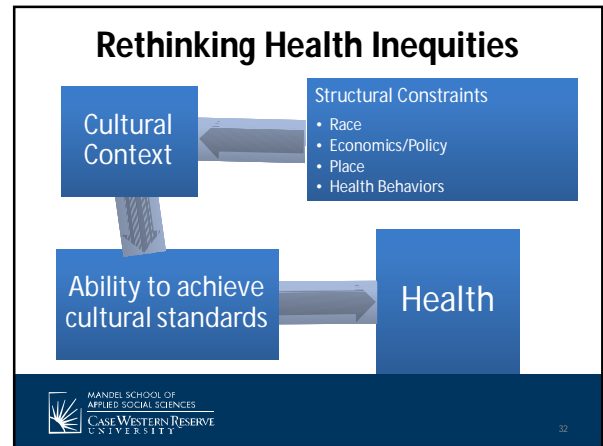
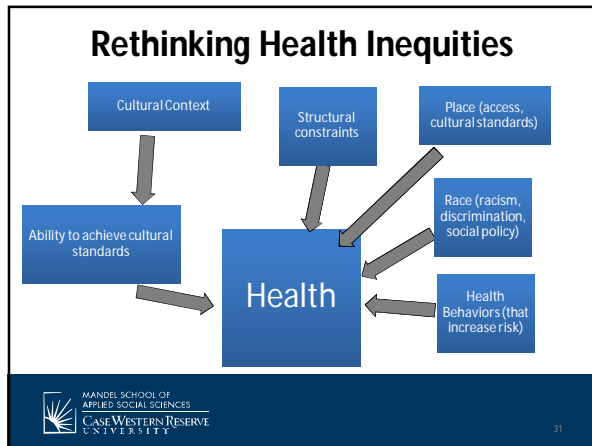
- High demand, low control jobs=higher job strain, associated with lower birth weight babies, effects greater for African American women
- Felt discrimination: three times more likely to be under job strain

(Oths, Dunn & Palmer, 2001)

## Risks for LBW and Preterm Birth

- LBW
  - Perceived racism (+passive coping)
  - "Fetal programming" (having been born LBW yourself)
  - Lifetime residence in a low income neighborhood
- Preterm Birth
  - Lifetime exposure (and recent exposure) to racism and discrimination (active coping attenuates effect)

James Collins (2001-2011)



## APPLICATION

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- ### Applying the Biocultural Approach in Practice
- Cultural models tend to influence health-care decisions
  - Interactions between physicians/social workers/other providers and patients/clients
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- ### Service Providers: Working with Mothers & Children
- Pelto (2008)
  - (1) Interventions firmly rooted in the approach of the family of origin
  - (2) Social service providers must see selves as servants to society (power issues)
  - (3) Being aware of social-emotional values, attitudes and expectations with regard to health, nutrition, etc.
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- ### Local Initiatives: MomsFirst
- Addresses “unique contextual and community issues” in target areas, related to perinatal health in high risk cases
  - Partnerships, Teen advisory groups
  - Community Health Worker, home visits, broad help
  - Lower incidences of infant mortality, very low birth weight babies than expected, compared with Cle rates
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## MomsFirst

- Multi-pronged approach, addressing the “whole” person, participants report being helped, not just with (physical) health issues
- Key Aspects: Relationships between participants and Community Health Workers

## East Cleveland Teen Collaborative

- Kresge Foundation: Safety Net Enhancement Initiative site (one of many promising initiatives)
- Focus: Reducing health disparities among underserved populations
- Model: Community, agency collaboration
- East Cleveland: Reducing disparities by increasing empowerment, hope, advocacy, education, engagement, leading to changed physical environment, changed models

## Summary

- Biocultural Approach
- Structural disadvantage excludes people from full realization of shared cultural goals
- This is highly stressful
- Stresses associated with worse physical and psychological health, including risk for preterm birth, low birth weight

- “...if the major determinants of health are social, so must be the remedies.” We need to understand the “causes of the causes: the social conditions that give rise to high risk of non-communicable disease whether acting through unhealthy behaviors or through the effects of impossibly stressful lives” (Marmot, 2005, p. 1102)



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