



Missouri Health Disparities Program

Issue Brief 5

Racial Health Equity

To Address the Black-White Health Gap in Missouri, Attention Must Be Paid to the Social Determinants of Health

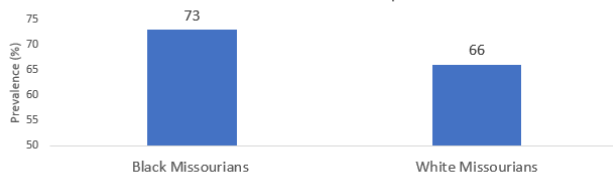
Black-White health inequities in Missouri mirror the national pattern, with Black Missourians experiencing both a heavier disease burden and lower life expectancy than their White counterparts.¹ Decades of research suggests that a focus on social determinants of health (SDOH) is necessary to close Black-White gaps in morbidity and mortality.^{2, 4} Researchers estimate that more than 50% of health outcomes are driven by non-medical factors, such as socioeconomic conditions, while clinical care accounts for roughly 20%.⁵ Socioeconomic conditions, or SDOH, include demographics, access to food, housing security, geographical location and poverty. It is particularly important to consider the socioeconomic conditions, or SDOH, to address these gaps and challenges impacting the inequities Black persons experience as compared to their White counterparts.

Black Missourians Experience both a Heavier Disease Burden and Shorter Life Expectancy than Their White Counterparts

Chronic diseases such as arthritis, cardiovascular disease and cancer are not randomly distributed across the population. Instead, these diseases are more prevalent among Black Americans.⁶ These chronic diseases have a host of risk factors attributed to them, with smoking and obesity standing out as significant contributors, particularly to cardiovascular disease, a leading cause of mortality in both the U.S. and Missouri.⁷ For obesity and smoking, Black Missourians experience a higher prevalence than their White counterparts.

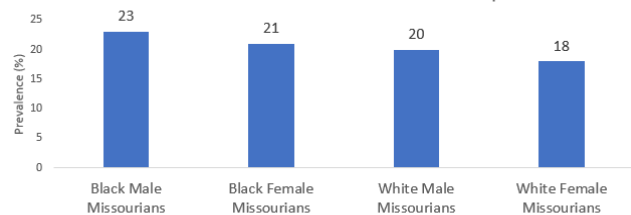
Inequities in health behaviors and subsequent chronic diseases contribute heavily to the stark differences in life expectancy, with Black Missourians expected to live nearly 5 years less than their White peers.

Figure 1. Black Missourians Have a Higher Rate of Obesity Than Their White Counterparts



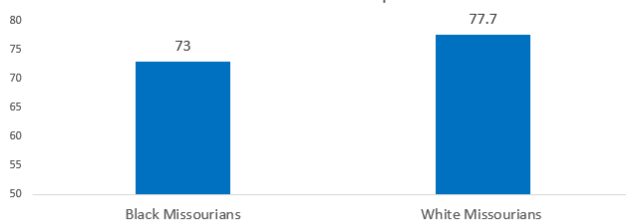
Data Source: Missouri Behavioral Risk Factor Survey, 2018

Figure 2. Across Sex, the Prevalence of Smoking is Higher among Black Missourians Relative to Their White Counterparts



Data Source: Missouri Behavioral Risk Factor Survey, 2018

Figure 3. Black Missourians Display a Lower Life Expectancy than Their White Counterparts



Data Source: Missouri Department of Health and Human Services, 2011-2019

Black-White Inequities in Health and Mortality are Driven in Large Part by Social Determinants of Health

In Missouri, Black-White inequities in chronic diseases stem from inequities in exposure to risk factors, which in turn stem from Black-White inequities in socioeconomic conditions. SDOH are defined as the non-medical, environmental conditions in which individuals are embedded, and are often broken down into five key domains: 1) economic stability; 2) education access and quality; 3) health care access and quality; 4) neighborhood and built environment; and 5) social and community context.⁸ Research in the social and public health sciences is quite clear that higher rates of poverty, lower levels of education, and lack of access to good, quality health care are all negatively associated with health.⁹ Moreover, neighborhoods perceived by residents as unclean and unsafe and experiencing lower levels of social integration are also associated with poorer health.^{10,11} Unsurprisingly, poor socioeconomic conditions are also disproportionately experienced by Black Missourians. While each of these domains is important, datasets are most readily available for indicators of 1) economic stability; 2) education access and quality; and 3) health care access and quality.

As indicated in Table 1, the poverty rate for Black Missourians is more than double that for White Missourians. Additionally, Black Missourians have a six-year college graduation rate that is nearly 30% lower than their White counterparts. Black Missourians experience higher rates of lack of sufficient health insurance with an uninsured rate of 13.8%, as compared to white counterparts of 10%.

Since more than 50% of health outcomes are attributed to SDOH, it is imperative analyze needs and gaps from a SDOH lens in order to focus efforts on health equity. Stark inequities in social conditions, with Black Missourians experiencing higher rates of poverty, lower levels of education and higher rates of being uninsured for health care, are linked to Black-White inequities in health and mortality. Any real attempt to close the Black-White health gap must start at addressing Black-White inequities in SDOH. Addressing this challenge requires more than merely doing a better job with clinical care. It requires addressing the very conditions by which these health inequities arise and continue to persist.

| SDOH Indicator | Black Missourians | White Missourians |
|--------------------------------------|-------------------|-------------------|
| Poverty Rate ^a | 19.3% | 8.3% |
| College Graduation Rate ^b | 30.5% | 58.4% |
| Uninsured Rate ^c | 13.8% | 10.0% |

Data Sources: ^a U.S. Census Bureau’s Current Population Survey, 2020; ^b Missouri Department of Higher Education and Workforce Development, 2023; ^c U.S. Census Bureau’s American Community Survey, 2021

Table 1. Across Each Indicator for Economic Stability, Education Access and Quality, and Health Care Access and Quality, Black Missourians are Disadvantaged Relative to Their White Peers

1 Missouri Department of Health and Senior Services. (n.d.). *Life expectancy*. Retrieved April 20, 2023 from: <https://health.mo.gov/data/lifeexpectancy/>.

2 Braveman, P., & Gottlieb, L. (2014, Jan-Feb). *Social Determinants of Health: It's Time to Consider the Causes of the Cause*. Public Health Reports. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863696/>.

- 3 Marmot, M., & Allen, J.J. (2014). Social determinants of health equity. *American Journal of Public Health*, 104(S4), S517-S519.
- 4 Link, B. G., & Phelan, J. (1995). Social conditions as fundamental causes of disease. *Journal of Health and Social Behavior*, 80-94.
- 5 Hacker, K., Auerbach, J., Ikeda, R., Philip, C., & Houry, D. (2022). Social determinants of health: An approach taken at CDC. *Journal of Public Health Management & Practice*, 28(6), 589-594.
- 6 Doshi, R. P., Aseltine Jr., Sabina, A. B., & Graham, G. N. (2017). Racial and ethnic disparities in preventable hospitalizations for chronic disease: Prevalence and risk factors. *Journal of Racial and Ethnic Health Disparities*, 4, 1100-1106.
- 7 National Center for Health Statistics. (n.d.). *Missouri: Key health indicators*. Centers for Disease Control and Prevention, United States Department of Health and Human Services. Retrieved April 20, 2023 from: <https://www.cdc.gov/nchs/pressroom/states/missouri/mo3.htm>.
- 8 Healthy People 2030. (n.d.). *Social determinants of health*. United States Department of Health and Senior Services. Retrieved April 20, 2023 from <https://health.gov/healthypeople/priority-areas/social-determinants-health>.
- 9 Kivimaki, M., et al. (2020). Association between socioeconomic status and the development of mental and physical health conditions in adulthood: A multi-cohort study. *The Lancet-Public Health*, 5(3), e140-e149.
- 10 Theiry, A. D., Sherman-Wikins, K. J., Armendariz, M., Sullivan, A., & Farmer, H. R. (2021). Perceived Neighborhood Characteristics and Cognitive Functioning among diverse older adults: An intersectional approach. *International Journal of Environmental Research and Public Health*, 18, 1-14.
- 11 Holt-Lunstad, J., & Steptoe, A. (2022). Social isolation: An under-appreciated determinant of physical health. *Current Opinion in Psychology*, 43, 232-237.

This project was supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$35,569,951 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government. The organization received a portion of this funding from the Department of Health and Senior Services, Office of Rural Health and Primary Care to expand efforts to address health disparities caused by COVID-19.