PAST INSIGHTS, FUTURE PROMISES

Race and Health in the Twenty-first Century

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Over one hundred years ago, W. E. B. Du Bois (1899) documented large, pervasive, and persistent racial inequities in health. While the current demography of racial groups in the United States is radically different compared to the times when Du Bois first discussed issues of race and health, many of the significant developments in research on racial differences in health in the last century can be traced to his seminal work (Williams and Sternthal, 2010). Du Bois recognized that the limited access to economic resources and the social marginalization of some racial groups could have dire social, physical, and psychological consequences for them. Current research studies continue to document that racial groups with a long history characterized by economic exploitation and geographic marginalization—Blacks or African Americans, American Indians, and Native Hawaiians and other Pacific Islanders—have markedly poor health outcomes compared to the dominant White population. Immigrant Asians and Hispanics tend to have better health than the U.S. average, but their health tends to worsen over time and across subsequent generations. Despite Du Bois's prescience and the advances made by contemporary researchers, there are many substantive theoretical and methodological challenges confronting scholars who study the health of diverse racial and ethnic groups. This special issue of the *Du Bois Review* provides a state-of-the-art overview of some of these unanswered questions and critical research directions for the study of racial inequality in health.

We have organized the papers in this volume into five sections. The first section provides an overview of the current status of research on the uneven distribution of health and illness in society and identifies some key issues that need to be addressed to accurately portray the patterns of racial inequality. Hummer and Chin

Du Bois Review, 8:1 (2011) 1–3.
 1742-058X/11 $15.00
doi:10.1017/S1742058X11000154

show recent mortality patterns by race and document the centrality of socioeconomic status (SES) to understanding them. The proportion of Americans who self-identify as multiracial is increasing and Woo and colleagues provide guidance for conceptualizing and reporting their health status. Racial status reflects both societal designation and individual self-identification and both components matter for health. Viruell-Fuentes highlights how culture and ethnic identity are critical in understanding the association between immigration and health by exploring how immigrant Mexican women construct and negotiate their identity. There is growing attention to racial inequalities in health in societies outside of the United States, and Li and Dorsten provide a glimpse of how ethnic concentration can affect health in China, a non-western context that is not typically racialized.

The second section identifies priorities for assessing how the larger social context affects health. Chae and colleagues propose a conceptual framework that illustrates how health is determined by social exposures at multiple levels of analysis. The model gives primacy to the manifold dimensions of racism that interact with other social forces and can trigger behavioral, psychological, and biological processes that affect health. Colen brings a life course perspective to show how discrimination reduces the benefits of increasing SES for African American women over time and developmental periods. With relatively little empirical support, stress is widely assumed to contribute to racial inequalities in health. Sternthal and colleagues document that there are striking racial differences in the levels and clustering of a broad range of psychosocial stressors and that these exposures play an important role in accounting for racial disparities in health.

The eight papers in the third section elaborate on the challenges and opportunities in documenting how racism affects health. Gee and Ford highlight the centrality of institutional racism and call for more rigorous research on its health consequences. The mass incarceration of African Americans reflects multiple aspects of structural racism and Schnittker and colleagues delineate the multiple pathways through which incarceration can be pathogenic. Harrell and colleagues review the numerous psychological and physiological mechanisms by which the subjective experience of racism can affect health and they call for an ambitious agenda to eliminate and address the pervasive effects of racism in society. The Everyday Discrimination Scale is a widely used measure that attempts to capture recent day-to-day experiences that involve character assaults and indignities. Shariff-Marco and colleagues highlight the importance of careful methodological work to improve the assessment of interpersonal discrimination by testing alternative approaches to measuring chronic discrimination. By reviewing the existing and needed research on historical trauma among American Indians, Walters and colleagues remind us that the health effects of racial discrimination can emerge not only from recent experiences but also from traumatic incidents that occurred in prior generations. Pervasive negative racial stereotypes undergird both institutional and interpersonal racism and Kwate and Myer describe the distinctive ways in which stereotypes can directly and indirectly affect health. Almost a decade ago, an Institute of Medicine report documented that across virtually every type of medical treatment Blacks and other minorities received fewer procedures and poorer quality care than Whites (Smedley et al., 2003). Van Ryn and colleagues assess the recent evidence documenting the mechanisms by which healthcare providers' cognitions, behaviors, and decision-making can be influenced by both implicit biases and explicit negative racial stereotypes. Avenues for intervention are also delineated. Finally, by using the methamphetamine "epidemic" as a case study, Murakawa illustrates how diseases and epidemics can be racially constructed.

Our fourth section consists of two papers that creatively illustrate how communities respond to racism. Watkins-Hayes and colleagues use the controversial film *Precious* to illustrate how poor Black neighborhoods are vulnerable to HIV/AIDS and to identify avenues at the neighborhood level through which the epidemic can be addressed. Okigbo shows how a group of HIV-positive South Africans formed a church choir and used their songs to both reenact the lived experience of being HIV-positive and to highlight a transnational racial consciousness.

Three papers in the final section emphasize the central role of history for contextualizing our understanding of racial inequalities in health. Chowkwanyun argues that much contemporary research on racial inequality is impoverished because of its neglect of history. He shows how history can be useful to health disparities researchers and how synergies can be created, institutionally, between health researchers and historians. Freeman revisits Kenneth Clark's research which was influential in the 1954 *Brown v. Board of Education* Supreme Court decision. Freeman indicates that Clark's views of racial psychological damage are best understood within the context of the institutional inequalities that created them, which could be modified through social policies. The issue concludes with a paper by White which briefly reviews Du Bois's important contributions to research on racial inequality in health and identifies key lessons from his work that remain timely for contemporary health researchers.

This special issue of the *Du Bois Review* was intended to begin to address some of the critical challenges in contemporary research on racial inequality and health. A competitive submission process for this special issue yielded over 110 paper proposals. Each selected paper in this issue went through a substantial peer review process. The final papers in this volume represent a small but important segment of the high quality scholarship that is focused on the topic of racial inequality and health.[1] In his book, *The Philadelphia Negro*, Du Bois (1899) bemoaned the "peculiar" attitude of indifference that America exhibited toward the human suffering reflected by the poor health of Blacks. We believe that he would be disheartened that large racial inequities in health persist, though he might also conclude that the future is promising. This issue of the *Du Bois Review* is evidence that a contemporary generation of scholars is interested in and committed to doing the high quality work that will continue to enhance our understanding of social inequality and can undergird policy interventions to eliminate inequalities in health.

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NOTE

1. David T. Takeuchi served as the sole editor for papers co-authored by David R. Williams.

REFERENCES

Du Bois, William E. B. (1899 [1967]). *The Philadelphia Negro: A Social Study*. New York: Schocken Books.

Smedley, B. D., A. Y. Stith, and A. R. Nelson (Eds.) (2003). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: National Academy Press.

Williams, David R., and Michelle Sternthal (2010). Understanding Racial-ethnic Disparities in Health, *Journal of Health and Social Behavior*, 51: 107–119.