

The Utilization of Life Course Theory To Understand Social Determinants And Violence in African American Males



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“Of all the forms of inequality,
Injustice in health is the most
shocking and the most inhuman.”

Dr. Martin Luther King, Jr.



Life Course Theory

- Life course theory, is the multidisciplinary study of people's lives, structural contexts, and social change.
- In particular, it directs attention to the powerful connection between individual lives and the historical and socioeconomic context in which these lives unfold.



Life Course Theory

- The life course perspective elaborates the importance of time, context, process, and meaning on human development and family life
- The family is perceived as a micro social group within a macro social context—a "collection of individuals with shared history who interact within ever-changing social contexts across ever increasing time and space" (Bengston and Allen 1993, p. 470).



Life Course Principles

- Social historical and geographical location
- Timing of lives
- Heterogeneity or variability
- Linked lives and social ties to others
- Human agency and personal control and
- How the past shapes the future.



How the Past Shapes the Future

- Early life course decisions, opportunities, and conditions affect later outcomes.
- The past has the potential to shape the present, and the future. This can occur at various levels. I.e cohort, or individual/family. (the depression, civil rights, feminist, etc)
- The timing and conditions of events ,ie dropping out of school, witnessing domestic abuse, job loss, can set up a chain reaction of experiences, reproduction of poverty, cycle of family violence, etc.



How the Past Shapes the Future

- The past, therefore, can significantly affect later life outcomes such as SES, mental health, physical functioning, and marital patterns.
- **This long term view, with its recognition of cumulative advantage or disadvantage, is particularly valuable for understanding social inequality in later life and creating social policy and programs**



AFRICAN AMERICAN CITIZENSHIP STATUS WEALTH ACCUMULATION and HEALTH EXPERIENCE FROM 1619 TO 2012

TIME SPAN	CITIZENSHIP STATUS -YRS	Experience accounts for this proportion of time in US	STATUS	HEALTH & HEALTH SYSTEM EXPERIENCE
1619-1865	246 years	63%	Chattel slavery	Disparate/inequitable treatment poor health status & outcomes. "Slave health deficit" & "Slave health sub-system" in effect
1865-1965	100 years	26%	Jim Crow Virtually no citizenship rights	Absent or inferior treatment and facilities. <i>De jure</i> segregation/ discrimination in South, <i>de facto</i> throughout most of health system. "Slave health deficit" uncorrected
1965-2012	47 years	12%	Most citizenship rights: <i>USA struggles to transition from segregation & discrimination to integration of AA as equal Citizens</i>	So. med school desegregation 1948. Imhotep Hospital Integration Conf 1957-1964, hospital desegregation in federal courts 1964. Disparate health status, outcomes, and services with apartheid, discrimination, institutional racism and bias in effect.
	393 years	100%	<i>The struggle continues</i>	<i>HEALTH DISPARITIES/ INEQUITIES</i>

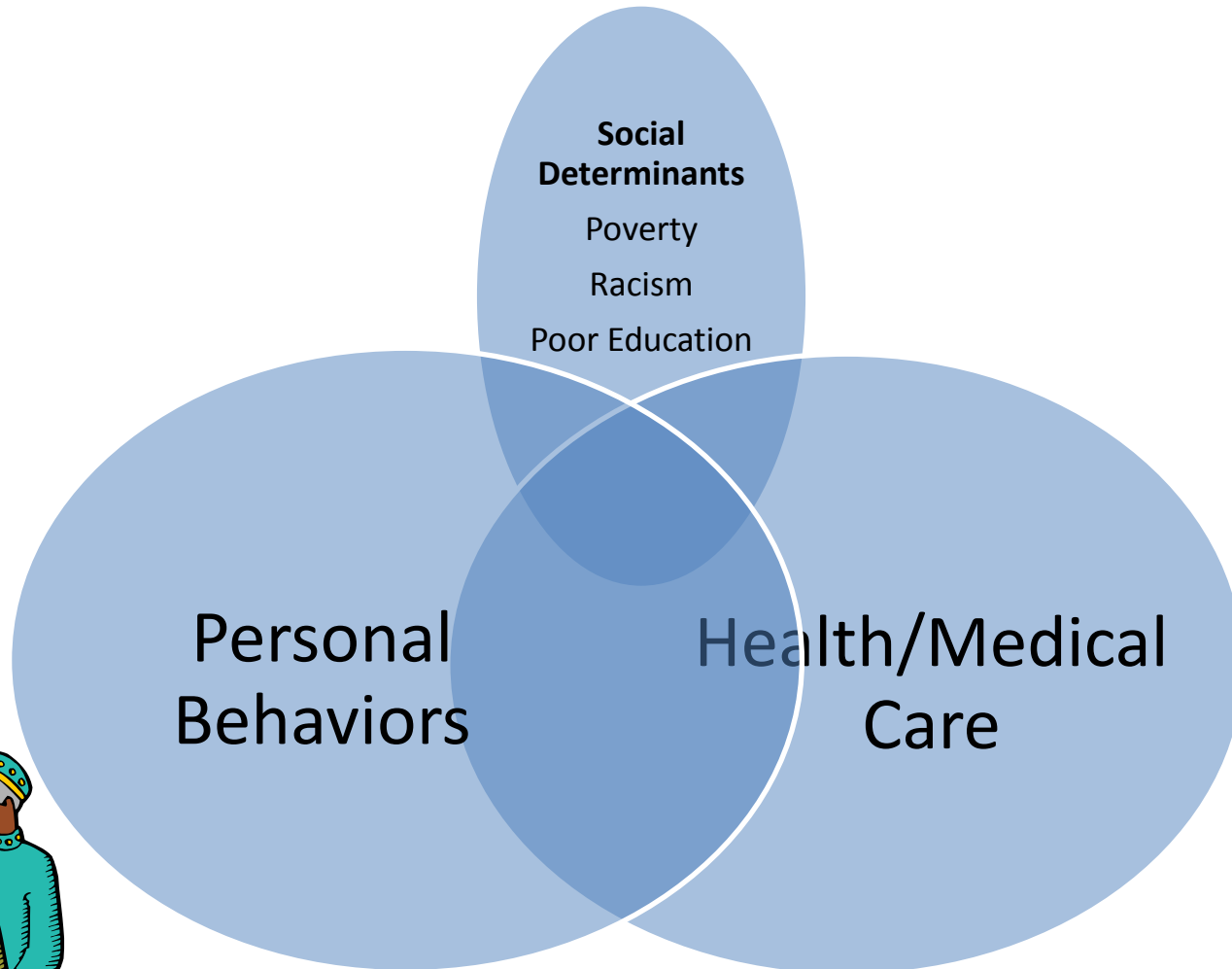
Definition of Social Determinants of Health

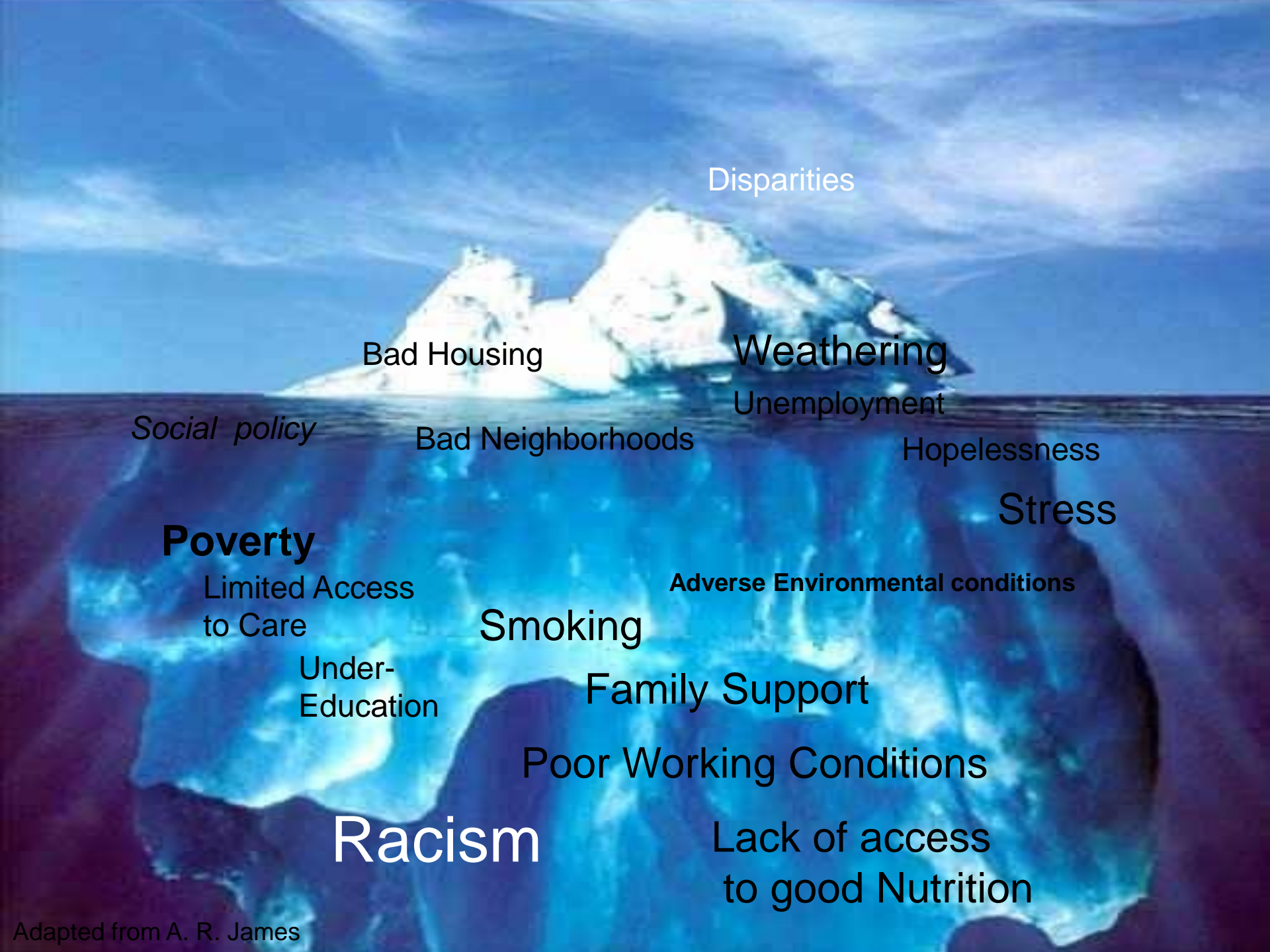
- Are the economic and social conditions under which people live which determine their health. They are “societal risk conditions”, such as , rather than individual risk factors that either increase or decrease the risk for a disease, for example for cardiovascular disease and type II diabetes.



Reduction of Health Disparities in African American Communities

Traditional View





Disparities

Bad Housing

Weathering

Unemployment

Social policy

Bad Neighborhoods

Hopelessness

Stress

Poverty

Limited Access
to Care

Adverse Environmental conditions

Smoking

Under-
Education

Family Support

Poor Working Conditions

Racism

Lack of access
to good Nutrition

What is Race?

Is not a biological construct that reflects innate differences,

But a social construct that precisely captures the impacts of racism.



Statements From Race: the power of an illusion

- Race and freedom evolved together in the United States. The idea of race helped rationalize why some people could be denied the rights and freedom that others took for granted.
- Race justified social inequalities as natural. As the race idea evolved, white superiority became “common sense” in the US.
- It helped justify slavery, Indian conquest, the exclusion of Asian immigrants, and the taking of Mexican lands in spite of our belief in democracy and freedom.
- Racial practices were institutionalized within US government, laws, and society.



Types of Racism

- Institutional Racism –Prejudice means differential assumptions about the abilities, motives, and intentions of others according to their race. Discrimination means differential actions toward others according to their race. It includes acts of commission and omission
- Personally Mediated Racism or Prejudice/ Discrimination-Prejudice means differential assumptions about the abilities, motives, and intentions of others according to their race. Discrimination means differential actions toward others according to their race. It includes acts of commission and omission
- Internal Racist-Acceptance by members of the stigmatized races of negative messages about their abilities and intrinsic worth.



Source: Dr. Camara Jones, CDC

Concepts of African American Men

- Historically, black men in America have experienced a dual cultural consciousness.
- W.E.B . Du Bois (1903), spoke of this duality as a “twoness”, a double consciousness, feeling part of America and its values, yet excluded from full participation in mainstream America.
- The dilemma for African American men is how to overcome the structural and institutional barriers that inhibit landing, keeping, and being promoted on jobs which pay the kind of wages that can support a family.
- After the Civil War, President Lincoln was advised “To be careful what rights you give to the blacks that could impede the progress of whites.”



Racial and Ethnic Disparities

Culture and Racism

While it is true that other US racial and ethnic minorities have suffered economic and social discrimination, few, if any, have faced these exposures for as long as have African Americans, nor have they faced them standing on an economic and cultural base that was systematically undermined by the larger society.



James (1993)

Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care

(Institute of Medicine – 2002)

- Racial and ethnic disparities in healthcare occur in the context of broader historic and contemporary social and economic inequality, and evidence of persistent racial and ethnic discrimination in many sectors of American life.



Definition of Disparities in Health Status

- The differences in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the United States.

Source: National Institutes of Health



Racial and Ethnic Disparities Life Course Perspective

Weathering Hypothesis

The effects of social inequality on the health of populations may compound with age, leading to growing gaps in health status through young and middle adulthood.

Geronomus AT (1996)



Milwaukee Statistics

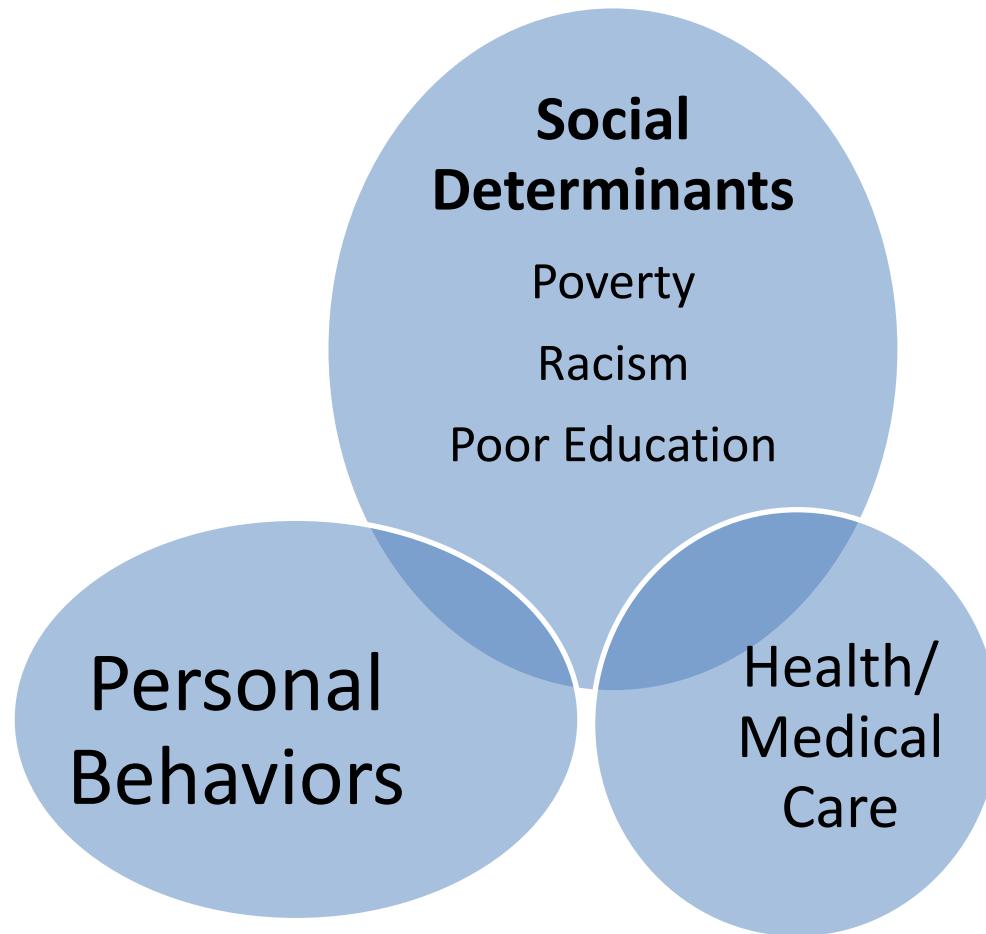
Place Matters

- Hyper segregated across race and class: 1st in segregation, 9th in poverty.
- Deindustrialization beginning in the early 80s. Federal Poverty Level (FPL) has not kept up with real cost of living in 4 decades.
- Black male unemployment between 50-60%. In 2008, Unnatural Causes reported a Milwaukee study in which over 400 black and white men were sent out to look for jobs with the exact same resumes. The results of the study documented that white men with a felony has more of a chance to get a job in Milwaukee than black men with no criminal record.
- Poor educational attainment levels, especially for black males.
- While African Americans make up 6% of state population, they make up almost 50% of those incarcerated.
- In top ten cities with high infant mortality rates. Infant mortality is a social indicator of well being of a community as well as a clinical indicator.



Reduction of Health Disparities in African American Communities

Life Course View



Sentinel Study on Violence and Black Males (1998) W. Oliver

- **Summary of Study**

- A significant theme in the accounts of the men interviewed was that, as a group, they were overtly sensitive to actions that they define as disrespectful. More specifically, violent Black men tend to view disrespectful acts as a threat to their sense of manhood.
- In the cultural context in which they have constructed gender identity, it is expected that a real man must defend his manhood against those who seek to damage it through insults, identity attacks, or actual physical confrontations.



Consequences of Violence in Black Males

- Foremost is the early loss of life. The early loss of life is tragic and affects the social stability of the Black community. It substantially distorts the male–female sex ratio and the potential to establish male–female relationships that lead to marriage (Madhubuti, 1990).
- Second, high rates of violence contribute to the high rate of incarceration among Black males. According to a survey conducted by the Sentencing Project in Washington DC, one in four Black males between 20 and 29 years of age is in jail, prison, or under community supervision. Moreover, there are more Black males between 20 and 29 years of age who are incarcerated (609,000) than the total number of Black males of all ages who are enrolled in college and universities (439,000) (Mauer, 1990).



Consequences of Black Male Violence

- Third, fear of Blacks among Blacks has emerged as a routine feature of living in the inner city. Fear of Blacks by Blacks is not conducive to the development of the type of social unity and stability that is necessary to overcome racism.
- Fourth, an increasing number of Black youth are carrying weapons out of a need for protection or as a result of being threatened or having internalized a sense of fear as a result of living in domestic war zones (Bell & Jenkins, 1991; Issacs, 1992).



Prevention and Policy Recommendations

- The problem of Black male violence did not emerge as an innate cultural predisposition of Black people. A convergence of structural pressures and dysfunctional adaptations are directly responsible for the high rates of violence.



Prevention and Policy Recommendations

In response to the high rate of violence

- Blacks must claim ownership of Black–on–Black violence, define it as real, and define it as ours to solve with community based institutions and organizations.
- Every church and civic organization must have, as part of its contemporary mission, the reduction of violence among Black people.
- Researchers and practitioners should encourage the formation of community based coalitions to establish and implement anti–violence programs. Violence prevention on the community level should include recreation programs used as a hook or inducement to expose at–risk youth to conflict resolution and mentoring programs (Prothrow–Stith, 1991;



Prevention and Policy Recommendations

- Black organizations must network with local politicians and law enforcement to employ a comprehensive community policing program. Collaborative problem solving of problems associated with delinquency and adult criminal behavior is a first step in a community wide approach to reducing violence and other crime in African American communities.
 - The federal government should be encouraged to support a total ban on hand gun ownership as handguns are the primary means used to commit most homicides involving Black males.



Research Recommendations

- Currently, we know a great deal about the race, sex, and age characteristics of Black violent crime offenders and victims, but we know very little about the life course and important turning points in the lives of violent Black men (Bureau of Justice Statistics, 1990).



Research Recommendations

- One area of study that should be pursued immediately is life histories that focus on background and important turning points in the lives of Black men who have engaged in acts of interpersonal violence.
- It would be helpful to conduct research in which the “good boys” who live in highly violent neighborhoods are compared to the officially defined “bad boys” to determine the differences in background experiences and/or personality that may account for differential involvement in violent incidents. The BHCW conducted a research project in 1995 that compared resilient families to non-resilient families in the inner city of Milwaukee designed to reduce youth interpersonal violence.



Research Recommendations

- Also, we need more studies that examine the interpersonal dynamics of violent confrontations among Black males. That is, moving beyond social conditions: How do violent incidents evolve? How do routine activities associated with lifestyle contribute to violent confrontations?



Other Recommendations

Unity: Urban Networks to Increase Thriving Youth – Mental Health

- Current research has identified the following mental health conditions as significantly more common among those exposed to violence either directly (e.g., as a victim or perpetrator) or indirectly (e.g., as a witness):

Multiple mental health conditions

Depression and risk for suicide

Post-Traumatic Stress Disorder (PTSD)

Aggressive and/or violent behavior disorders



Other Recommendations

Unity: Urban Networks to Increase Thriving Youth – Mental Health

- There are a number of implications in the understanding of the relationship between violence and mental health.
 1. Most of those who experience or witness violence require mental health interventions and supports that extend beyond the short term and recognize the longer term consequences of their experience.
 2. Secondly, when communities experience significant violence, and the fear generated by that violence, there is a need to both recognize the consequences that creates for all community members and identify strategies for addressing those consequences.



Other Recommendations

Unity: Urban Networks to Increase Thriving Youth Mental Health

3. Most importantly, recognizing the emotional and physical toll violence imposes on the entire community (especially children and youth) requires that preventing violence before it occurs be a basic component and priority for all communities.



Other Recommendations

Unity: Urban Networks to Increase Thriving Youth – Chronic Illness

- We must recognize and understand that all forms of violence in the family and the community take a serious toll on the general health and well-being of all community members. Every system in the body from our hearts to our lungs to our intestines to our nervous systems can be affected in harmful ways. And many of the behaviors that contribute to poor health can be exacerbated, further affecting how we feel and function.
- When we consider the rapidly growing costs of health care and the general decline in health status among Americans over the past generation, preventing violence before it occurs needs to be included in the larger plan to improve health.



Other Recommendations

Unity: Urban Networks to Increase Thriving Youth – Chronic Illness

- In addition to ensuring that violence is addressed through health and prevention planning, there is also an emerging set of strategies to simultaneously address the intersection of violence and chronic disease.
- For example, key opportunities to integrate efforts to prevent violence into healthy eating and active living strategies include creating safe spaces, promoting community development and employment, and fostering social cohesion.



Other Recommendations

Unity: Urban Networks to Increase Thriving Youth – Learning

- Given the extensive focus in this country on improving the performance of schools and academic achievement of students, it seems clear that reducing or eliminating violence in the lives of children must be part of the solution. As we know that hungry and malnourished children do not learn well, such is also the case with children who fear, experience or witness violence in their homes, the community and/or their schools.



Other Recommendations

Unity: Urban Networks to Increase Thriving Youth – Learning

- While schools alone cannot fix all of this, there are things that schools can do ranging from addressing the school climate, teaching and promoting healthy social and interpersonal skills, addressing bullying and conflict resolution, and developing relationships with other community resources for family outreach/support, extracurricular activities, and mental health services.
- Schools, teachers and staff, and students and their families live with the serious consequences of violence and, in turn, can be an important part of the solution.



Conclusion-I

- 1. Racial disparities in health are large, pervasive and persistent over time.**
- 2. Racial inequalities in health reflect larger inequalities in society.**
- 3. In the U.S., policies to reduce racial differences in economic status have failed**
 - The unemployment rate for blacks was 1.8 times as high as that of whites in 1950, and 2.3 times as high in 1998.**
 - Blacks earned 59 cents for every dollar earned by whites in 1978 and 61 cents for every dollar in 1998.**
 - In 1968, 2.5% of all US physicians were black, and in 1999, 2.9% of doctors were black.**



Conclusion-II

- 4. In the last 50 years, the income gap between blacks and whites narrowed between the mid 1960s and the mid 1970s. There was a corresponding narrowing of the racial gap in life expectancy and mortality, for men and women, between 1968 and 1978. The economic status of blacks relative to whites deteriorated or stagnated during the 1980s, and the health of blacks worsened in the 1980s, both absolutely and relative to whites.**
- 5. Racial differences in health reflect the unsuccessful implementation of social policies. Eliminating these disparities requires political will and commitment to implement new interventions to improve living and working conditions.**

