

Study Links Economic Mobility to Racial Mortality Gaps

A new study suggests structural racism measured by the racial economic mobility gap between Black and White persons with a similar parental income (as an indicator of similar childhood socioeconomic status) is strongly associated with Black-White disparities in mortality in the United States, both in a recent birth cohort and in all ages combined. These findings, appearing in *Cancer Epidemiology*, suggest that the effects of structural racism on mortality have persisted with a similar magnitude across generations in the past century.

Social inequalities and discriminatory policies by race/ethnicity, also collectively known as structural racism, is a major factor contributing to health disparities. Structural racism can adversely affect economic, social, service, and physical living environments leading to limited educational and job opportunities; lower income; poorer housing, transportation, and public safety; food insecurity; and limited health care.

This is one of the few studies to examine the association of structural racism to death from multiple specific causes. Investigators led by Farhad Islami, MD, PhD of the American Cancer Society, examined county-level data on economic mobility and death from all causes, heart diseases, cerebrovascular diseases, chronic obstructive pulmonary disease (COPD), injury/violence, all malignant cancers, and 14 cancer types in all ages combined and on all-cause mortality in ages 30-39 years. Data for ages 30-39 years covered 69% of individuals in that age group nationally and for all ages combined covered 82% to 90% of the U.S. population.

“Although more research is needed to identify factors mediating these associations and appropriate interventions to mitigate them, equitable and broad implementation of proven interventions to increase health equity, such as equitable access to care and preventive measures can help reduce health disparities,” said Dr. Islami.

Findings show that in the U.S., death rates are higher among non-Hispanic Black (Black) persons than among non-Hispanic White (White) persons. In ages 30-39 years, a one percentile increase in the economic mobility gap was associated with a 6.8% increase in the Black-White mortality gap among males and a 10.7% increase among females, based on data from 471 counties.

In all ages combined, the corresponding percentages based on data from 1,572 counties were 10.2% among males and 14.8% among females, equivalent to an increase of 18.4 and 14.0 deaths per 100,000 in the mortality gap, respectively. Similarly, strong associations between economic mobility gap and mortality gap in all ages were found for major causes of death, notably for potentially preventable conditions, including COPD, injury/violence, and cancers of the lung, liver, and cervix.

“Dismantling structural racism will require greater efforts to implement meaningful institutional changes, with broad societal engagement to create equitable local, state, and federal policies,” write the authors. “Results of this study could help advocate for and inform public policies to improve equity and establish a benchmark by which to evaluate progress in reducing structural racism and its adverse health effects.”

Article: Islami F, Fedewa SA, Thomson B, Nogueira L, Yabroff R, Jemal A. Association between disparities in intergenerational economic mobility and cause-specific mortality among Black and White persons in the United States. *Cancer Epidemiology*. doi: 10.1016/j.canep.2021.101998.
