SOC 3510; WEEK 7, 10/4

STIGMA/SES AND HEALTH

CONSEQUENCES OF STIGMA
(REIDPATH ET AL. 2005)

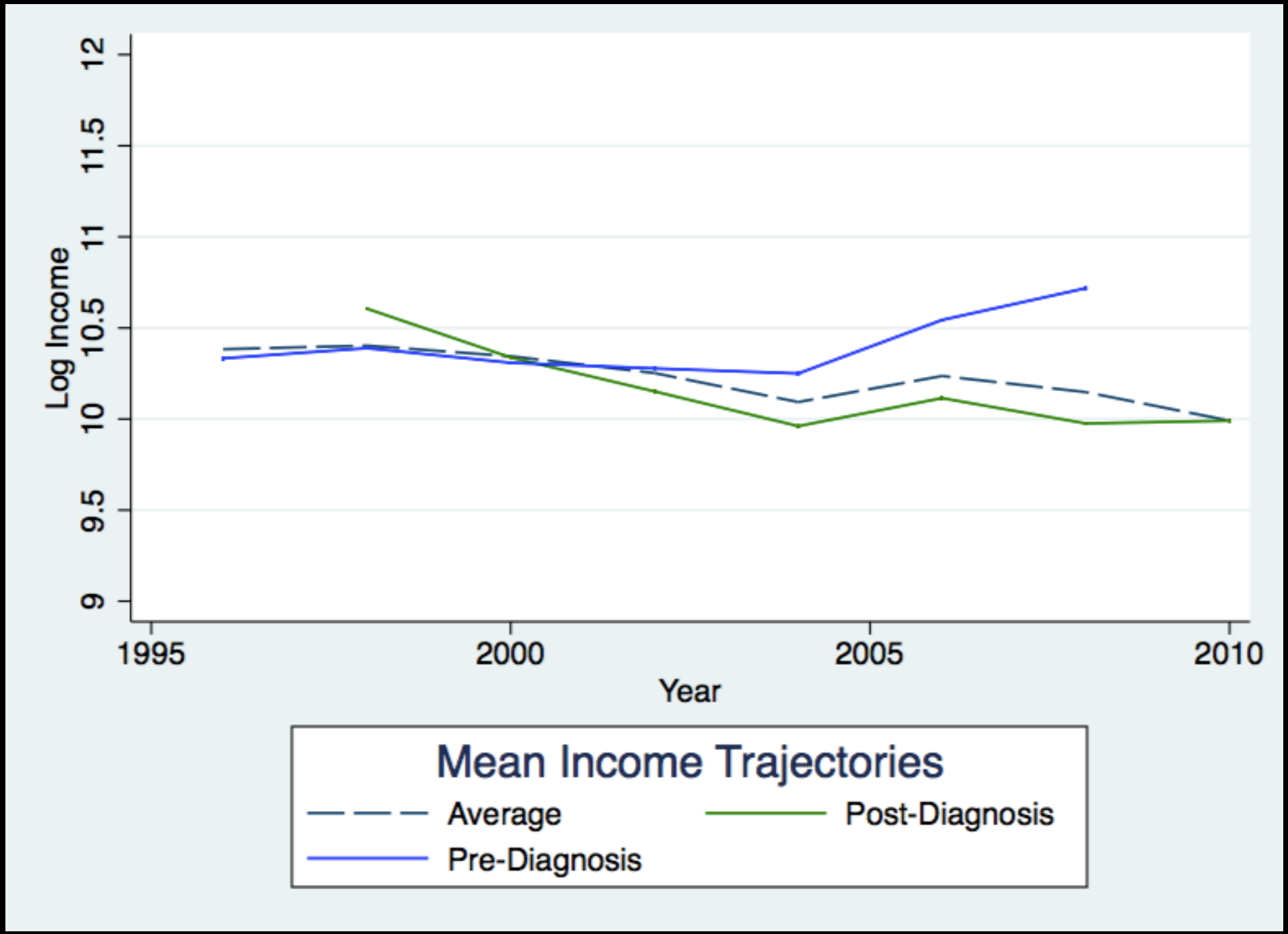
- Stigma directly affects health at least by:
  - Increasing stress
  - Fear or experiences of being discriminated may make people avoid or delay treatment
  - Negative health care experiences
    - Refusal to treat, shunning, being belittled…
  - Communities may be slow to provide adequate healthcare infrastructure to treat stigmatized groups

ILLNESS LABELS AND SOCIAL DISTANCE (KROSKA, HARKNESS, THOMAS, AND BROWN 2014)

- Is the label powerful enough on its own to prompt social distance?
  - Depression, schizophrenia, food poisoning
  - Behavioral measure of social distance

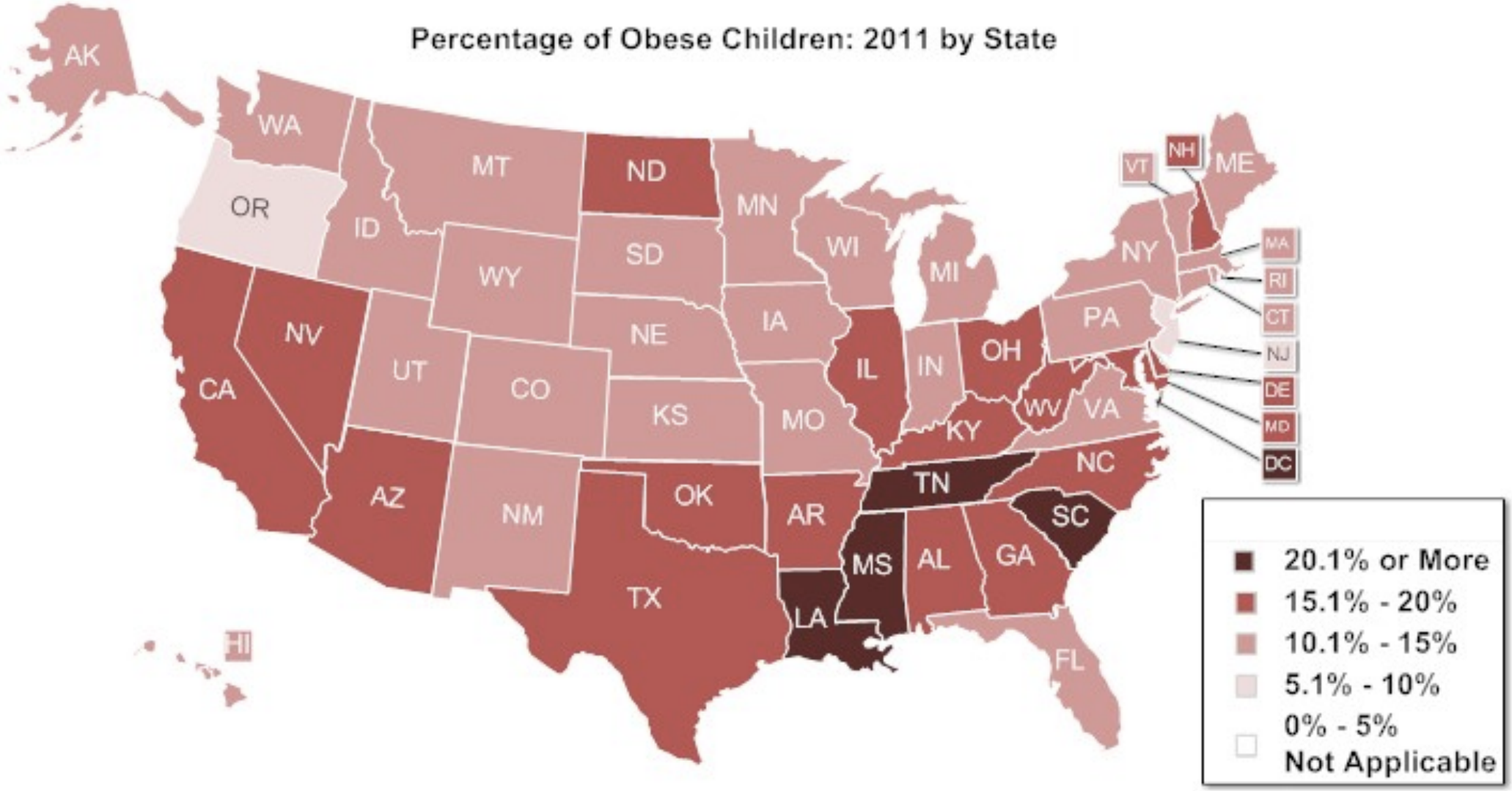
VISIBLE NEUROLOGICAL DISORDERS AND LABOR MARKET DISCRIMINATION (HARKNESS AND LEICHT)

- Those with Parkinson's and other apparent neurological disorders, like epilepsy, may be at increased risk of stigmatization
    - Disorders are assumed to disrupt cognitive functioning and many of the hallmarks of the disorders are visibly apparent
        - Parkinson's patients report feelings of humiliation/embarrassment when motor problems begin (Burgener and Berger 2008; Chapuis et al. 2005)
    - Over the course of some of these disorders, cognitive functioning may deteriorate or fluctuate, though the course is not definitive for all patients and disorders
        - This may impact the cultural beliefs about those who have the disorder overall no matter the state of individual' disorder progressions


Log Income
9
9.5
10
10.5
11
11.5
12
1995
2000
2005
2010
Year
Mean Income Trajectories
Average
Post-Diagnosis
Pre-Diagnosis

Variables	Workplace Discrimination	
	Model 1	Model 2
Female	0.12* (0.05)	0.12* (0.05)
Race Black	0.06 (0.06)	0.06 (0.06)
Other	0.07 (0.13)	0.07 (0.13)
Age	-0.01**** (0.00)	-0.01**** (0.00)
Highest Educational Degree	-0.01 (0.01)	-0.01 (0.01)
Year (Centered)	0.00 (0.01)	0.00 (0.01)
Working Full Time (0, 1)	0.19*** (0.04)	0.20*** (0.04)
Years Worked	-0.00 (0.00)	-0.00 (0.00)
Current Job Tenure	0.01** (0.00)	0.01** (0.00)
Number of Work Days Missed Due to Health	0.00+ (0.00)	0.00+ (0.00)
Visible Neurological Disorder vs. Other Condition	0.67** (0.26)	0.67** (0.26)
Visible Neurological Disorder x Job Tenure		-.02 (0.01)

OBESITY AS A DISEASE

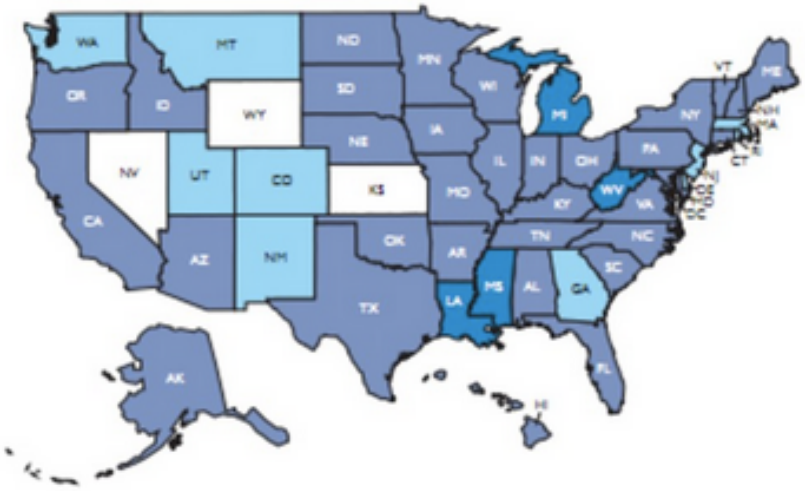


OBESITY TRENDS* AMONG U.S. ADULTS

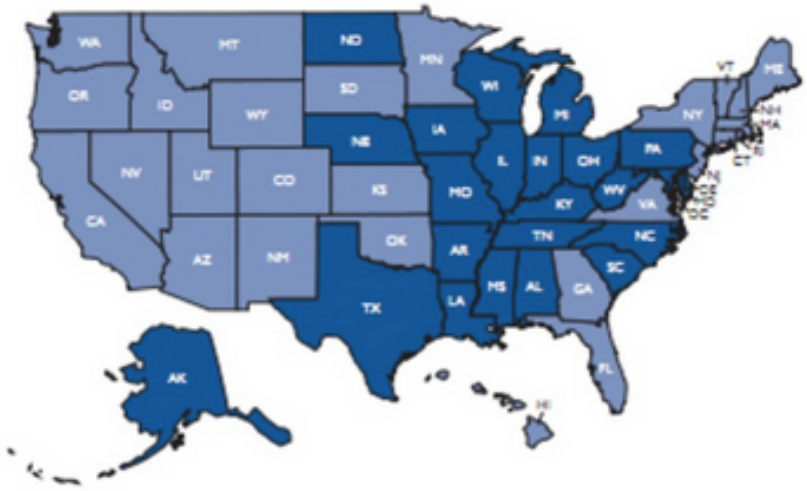
BRFSS, 1991, 1993-1995,1998-2000, and 2008-2010 Combined Data

(*BMI >30, or about 30lbs overweight for 5'4" person)

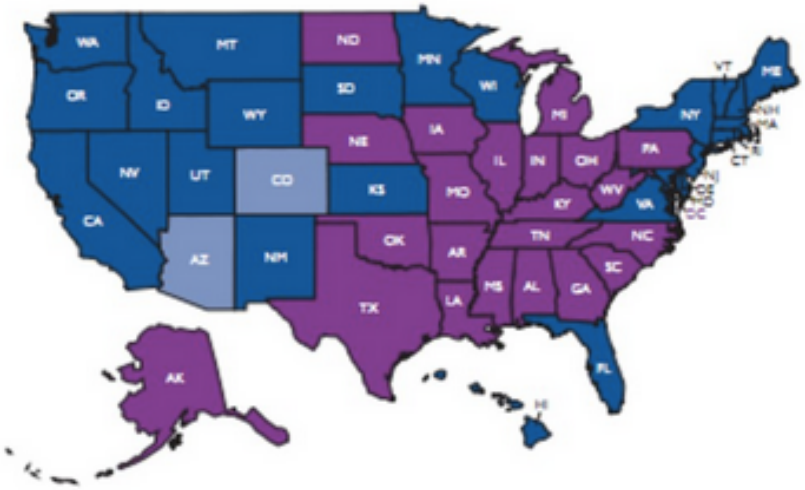
1991



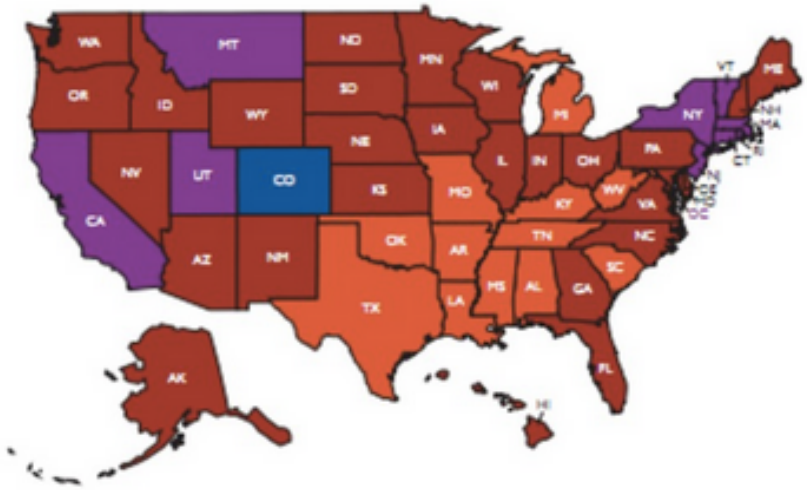
1993-1995 Combined Data



1998-2000 Combined Data



2008-2010 Combined Data



No Data | <10% | ≥10% and <15% | ≥15% and <20% | ≥20% and <25% | ≥25% and<30% | ≥30%

WILL MEDICALIZING OBESITY HELP?

- Health advocates argue that increasing public awareness of the biomedical model of disease will reduce stigma
    - Reduce blame, increase sympathy

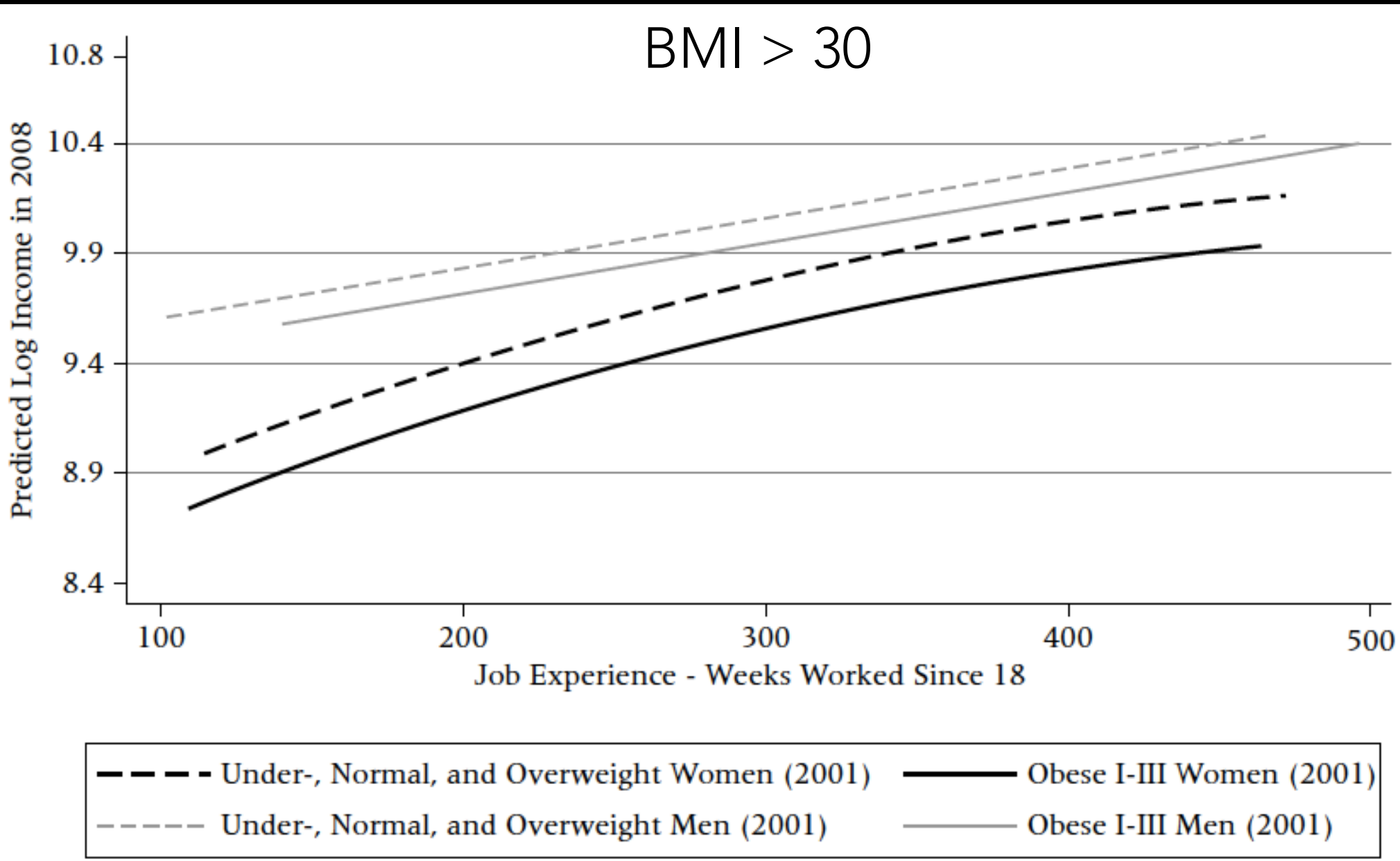
- Describe a few of the findings from the readings from Thursday related to stigma and obesity.
- Do you think medicalizing obesity will reduce the stigma associated with being obese? Explain.

OBESITY STIGMA

- “Weight bias translates into inequities in employment settings, health-care facilities, and educational institutions, often due to widespread negative stereotypes that overweight and obese persons are lazy, unmotivated, lacking in self-discipline, less competent, non-compliant, and sloppy.” (pg. 941)
    - Employment:
        - Overweight to severely obese people 12-100 times more likely to report employment discrimination, respectively (Roehling et al. 2007)
        - Wage penalties up to 6.1% (Baum and Ford 2004); for women +64 pounds above average = -9% salary (like 3 years less work experience (Cawley 2004))

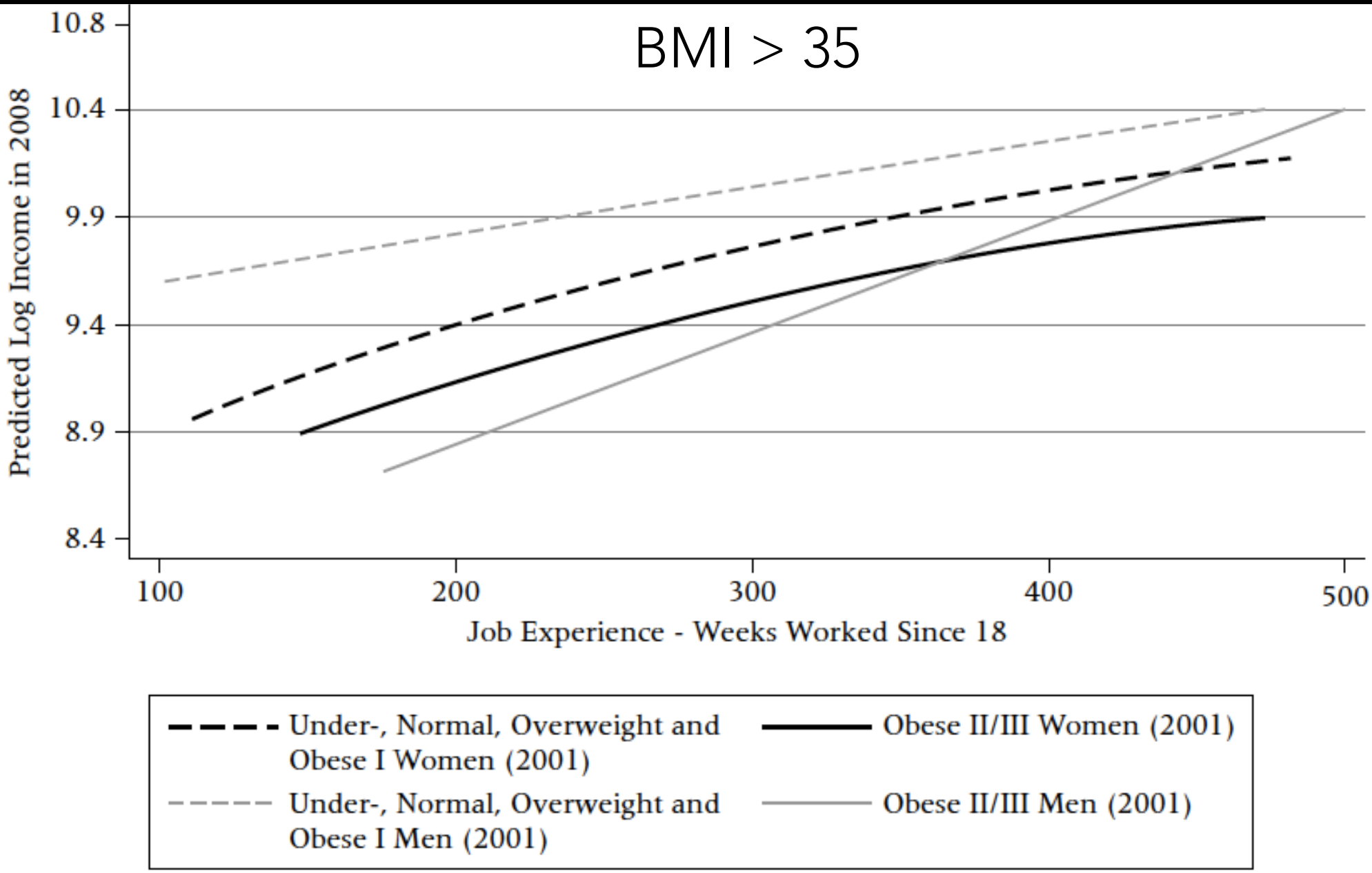
THE UNEQUAL WEIGHT OF DISCRIMINATION

(MASON 2012)



THE UNEQUAL WEIGHT OF DISCRIMINATION

(MASON 2012)



OBESITY STIGMA

- Health care
  - Heavier patients viewed to be overall less healthy, poorer at being able to take care of themselves, less self-disciplined (Hebl and Xu 2001)
  - Physicians liked their jobs less, had less patience, and had less desire to help obese patients, and thought it was generally a waste of time seeing obese patients who they also found to be more annoying (Hebl and Xu 2001)
  - Many overweight and obese patients report stigmatization by health care professionals
    - Barrier for some in seeking preventative care

[Obesity and Dating Social Experiment: www.youtube.com/watch?v=2alnVIj1Jf8]

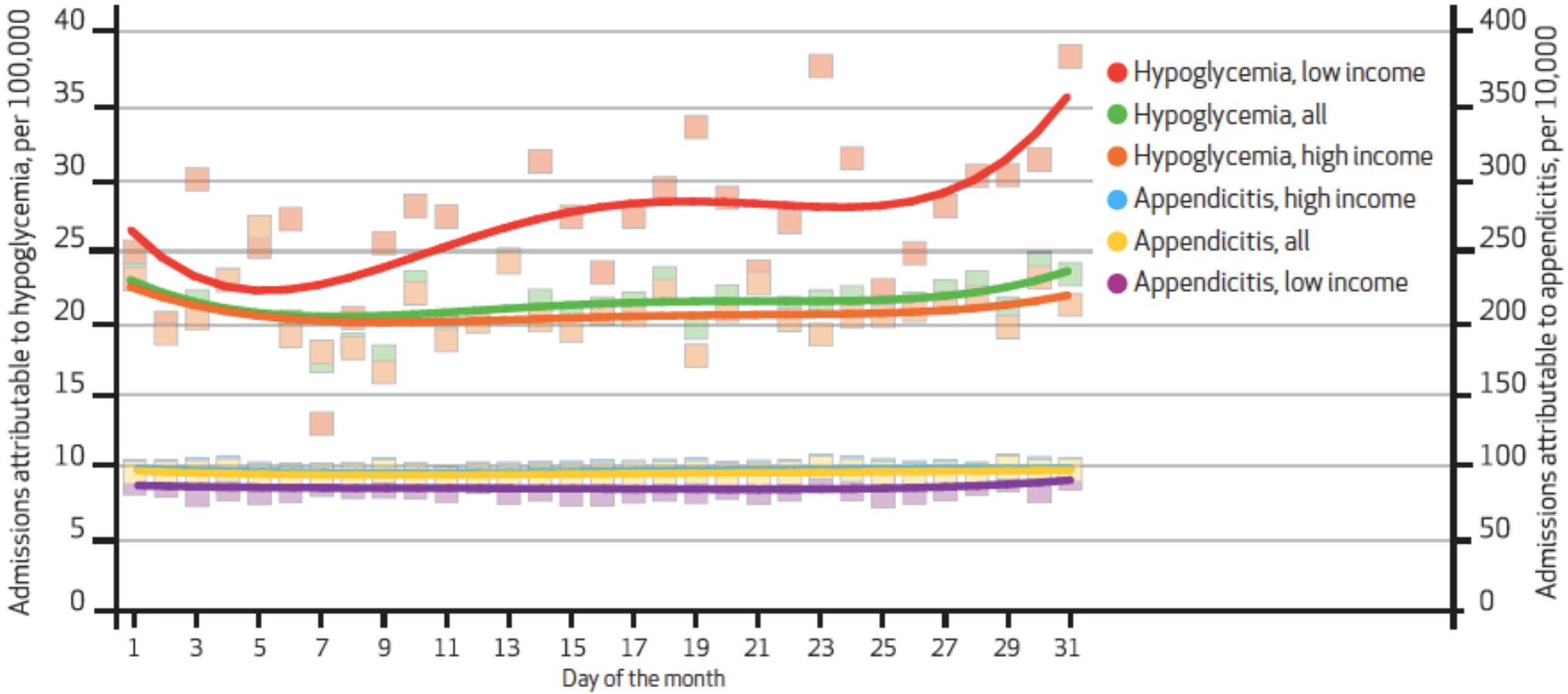
OBESITY STIGMA

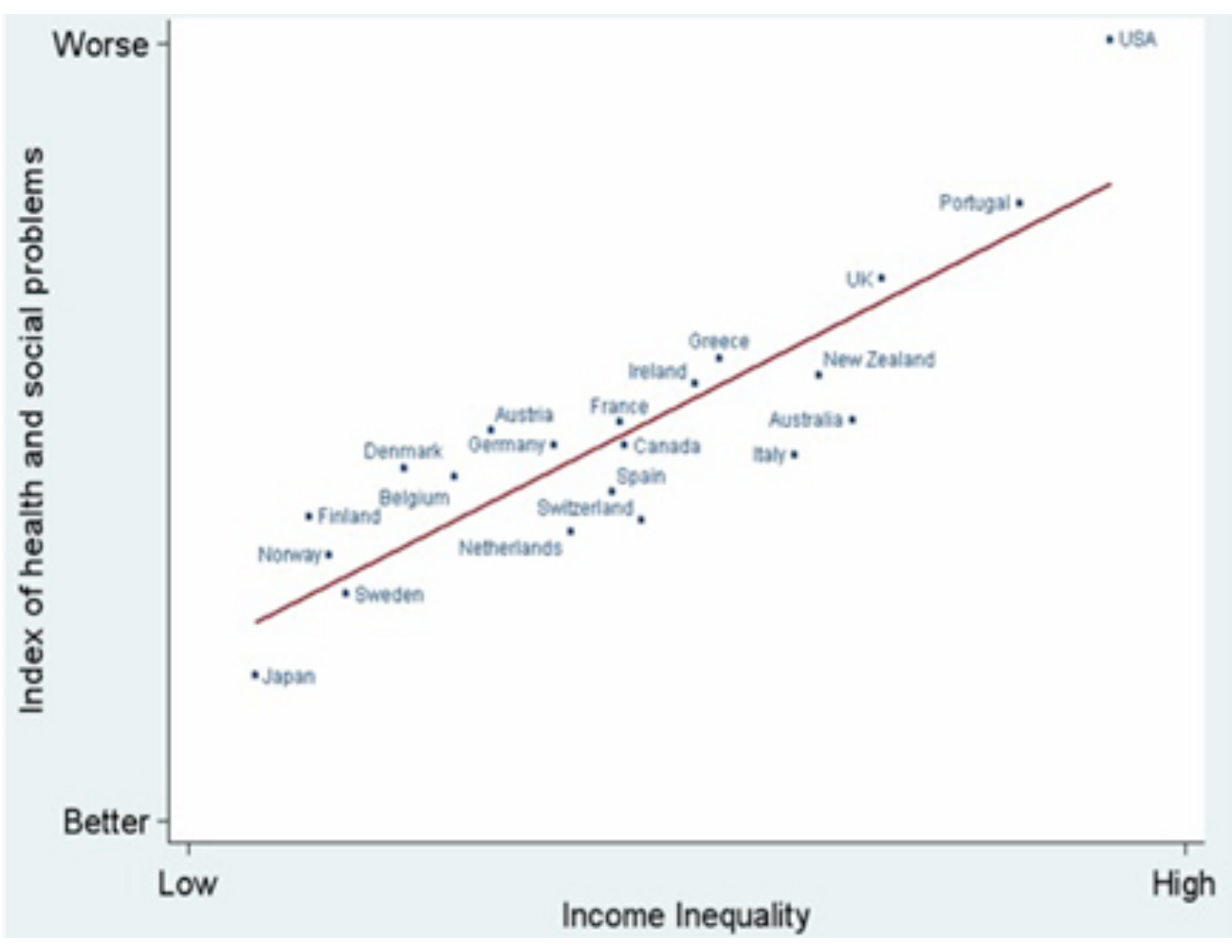
- Perceived discrimination appears to lead to:
  - Increased likelihood of mood and anxiety disorders, mental health service use, body image dissatisfaction, potential for binge eating
  - Decreased self-esteem and perhaps cardiovascular health

SES AND HEALTH

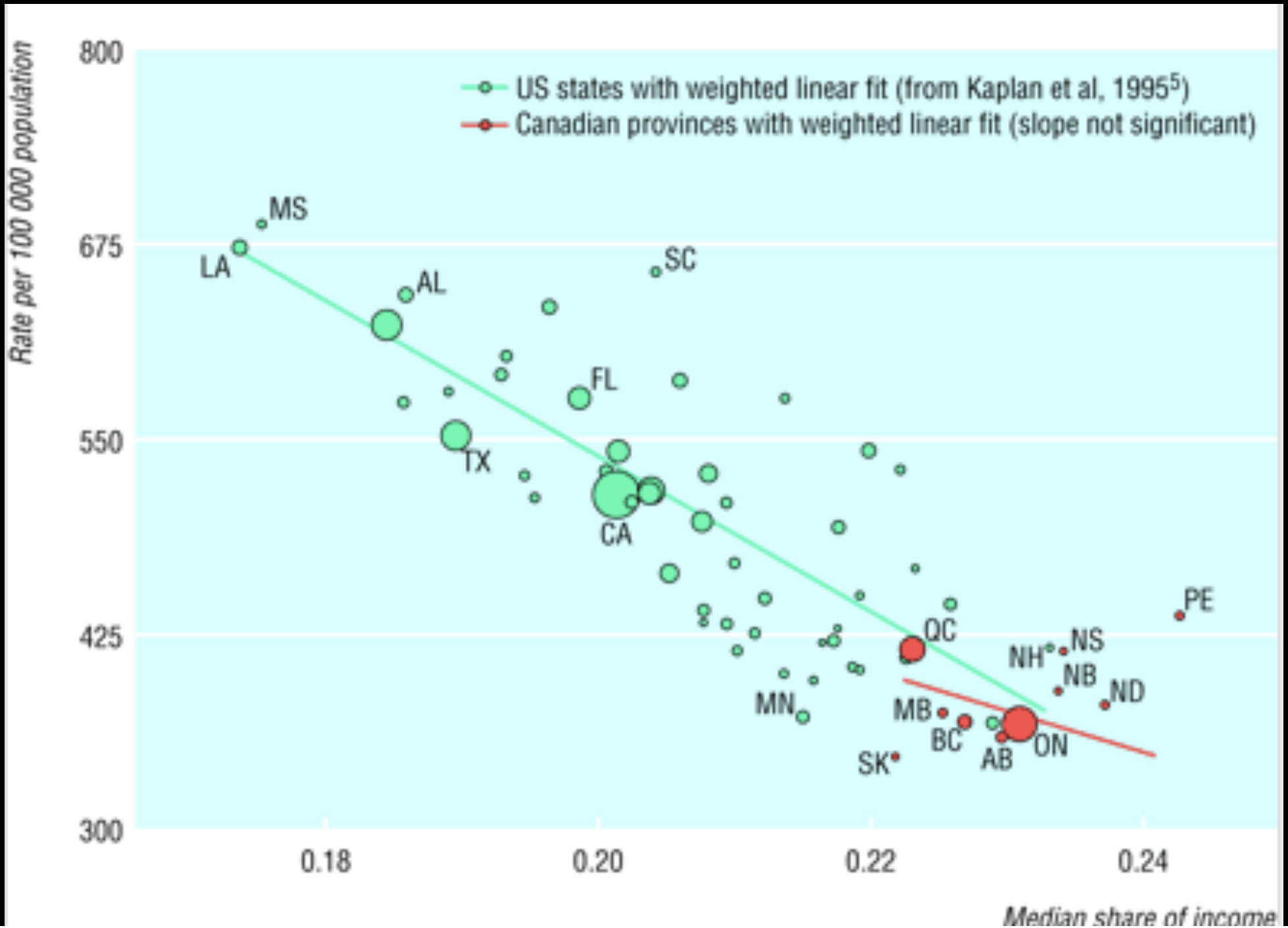
EXHIBIT 2

Admissions Attributable To Hypoglycemia And Appendicitis Among Patients Ages Eighteen And Older To Accredited California Hospitals On Each Day Of The Month, By Income Level, 2000–08

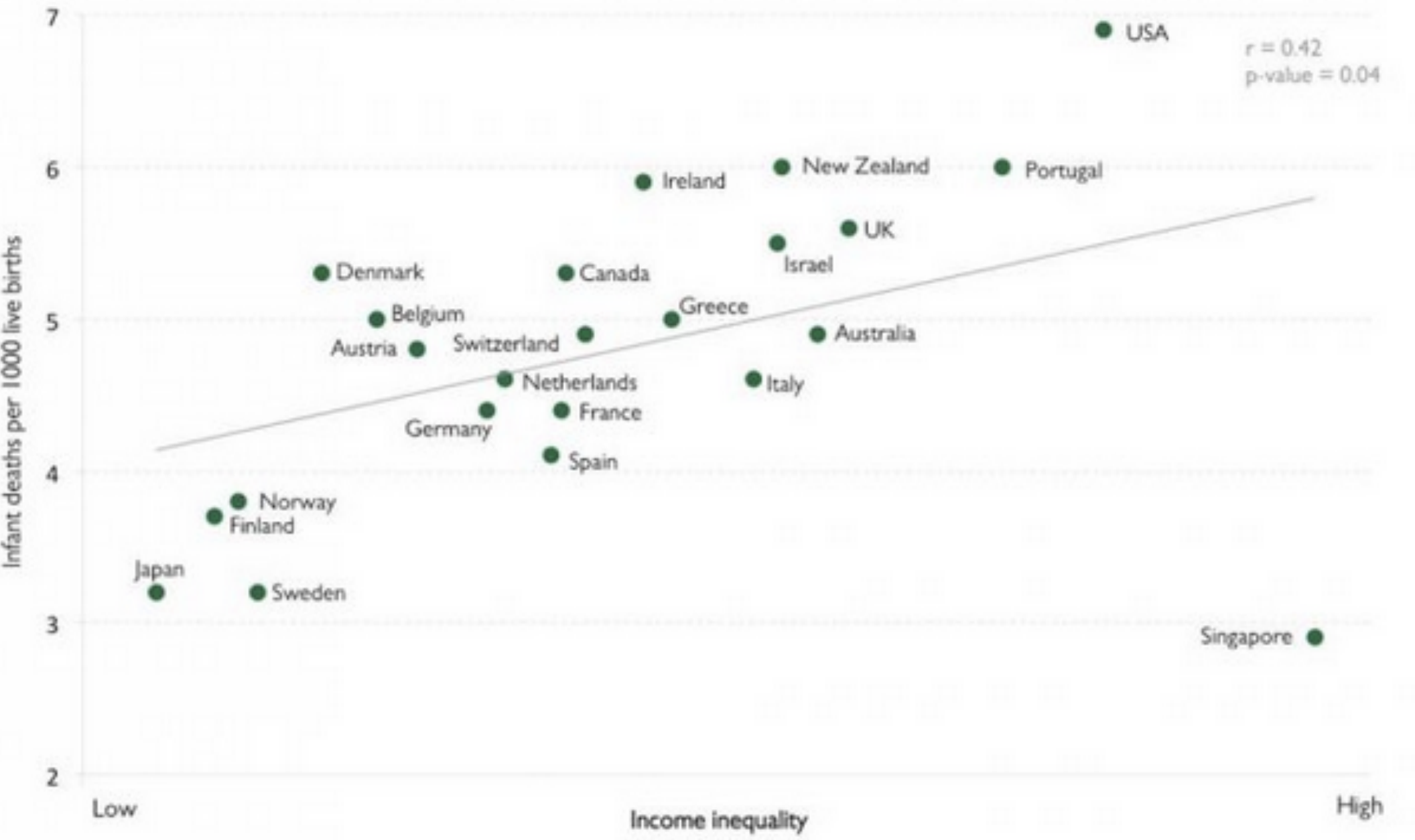



Worse
Better
Index of health and social problems
Low
High
Income Inequality
USA
Portugal
UK
Greece
New Zealand
Ireland
France
Austria
Australia
Germany
Canada
Denmark
Italy
Spain
Belgium
Switzerland
Finland
Netherlands
Norway
Sweden
Japan

MORTALITY OF WORKING-AGE MEN (ROSS ET AL. 2000; BMJ)



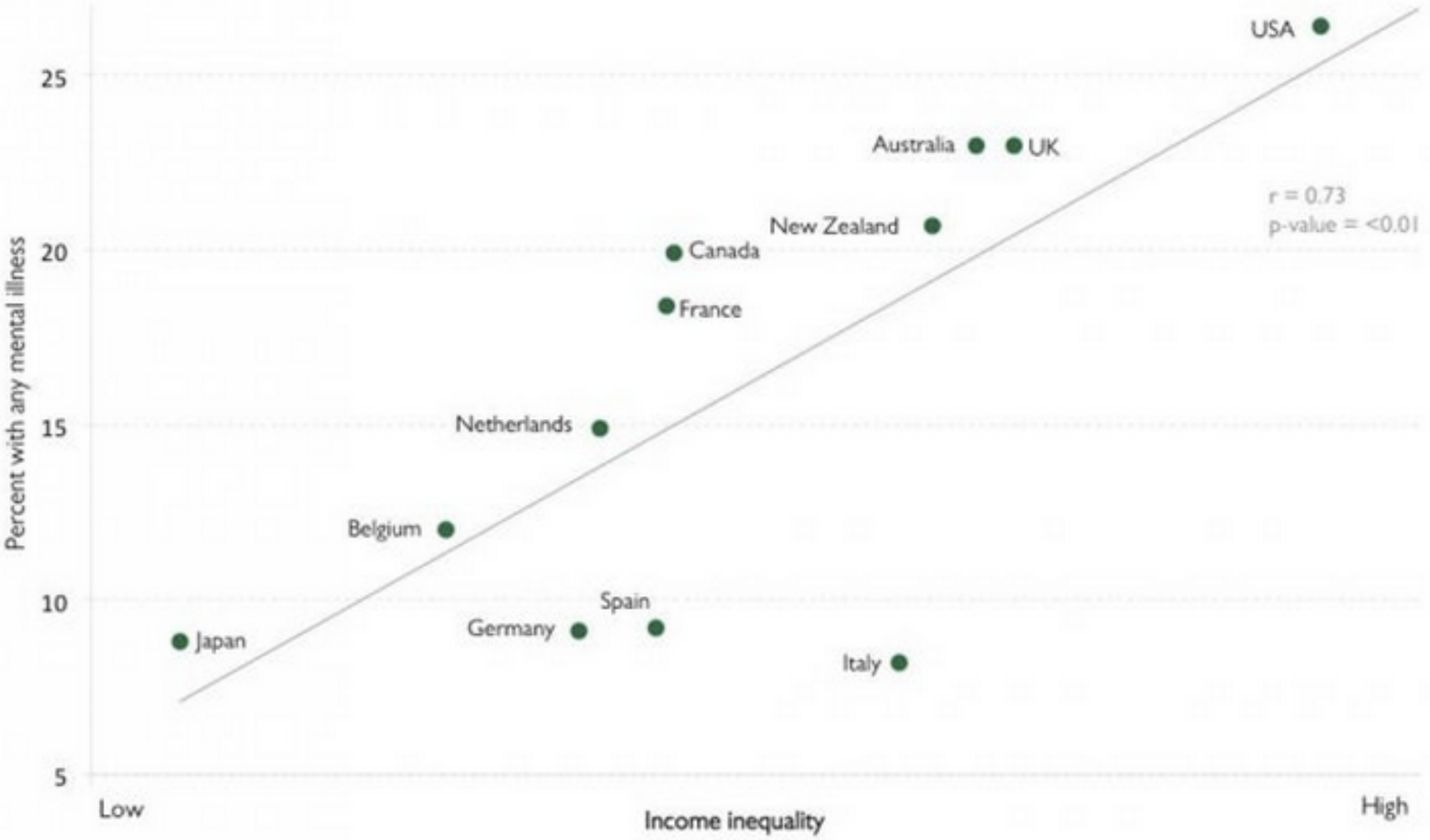
Infant mortality rates are higher in more unequal countries



Source: Wilkinson & Pickett, The Spirit Level (2009)

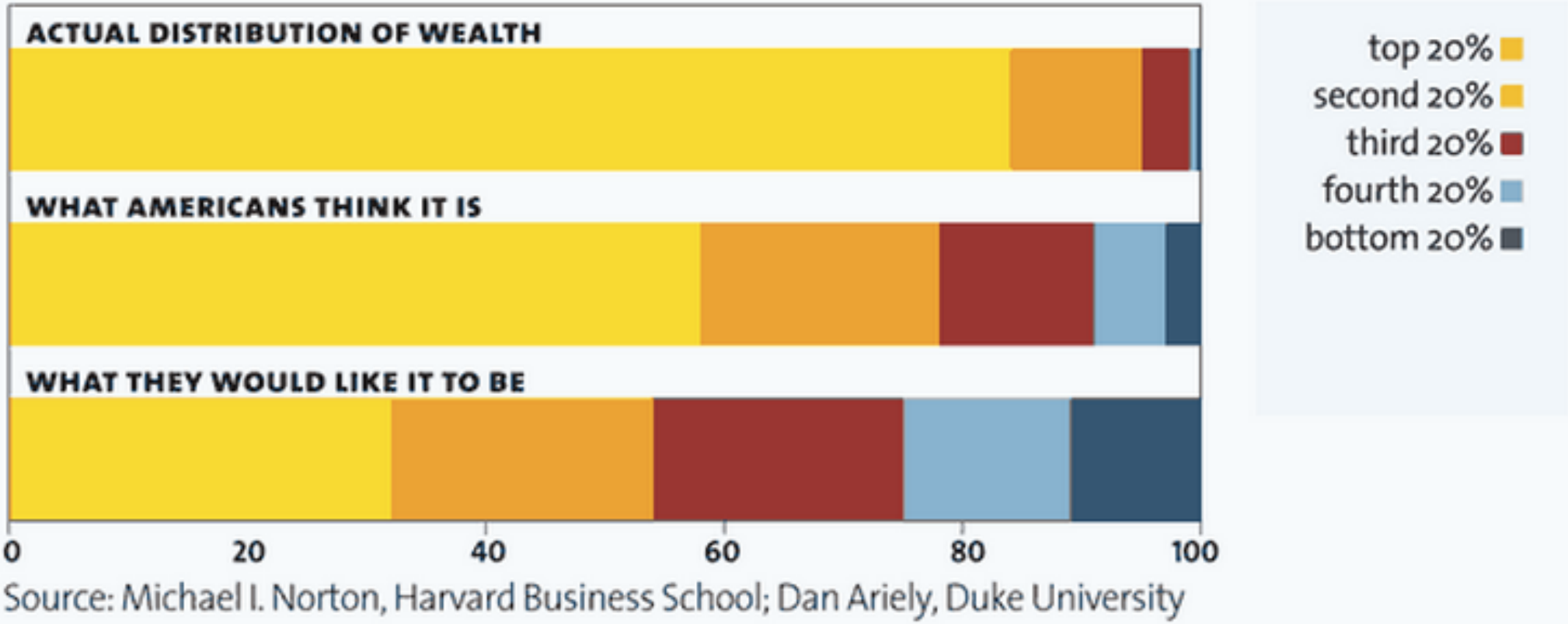
THE EQUALITY TRUST

The prevalence of mental illness is higher in more unequal rich countries



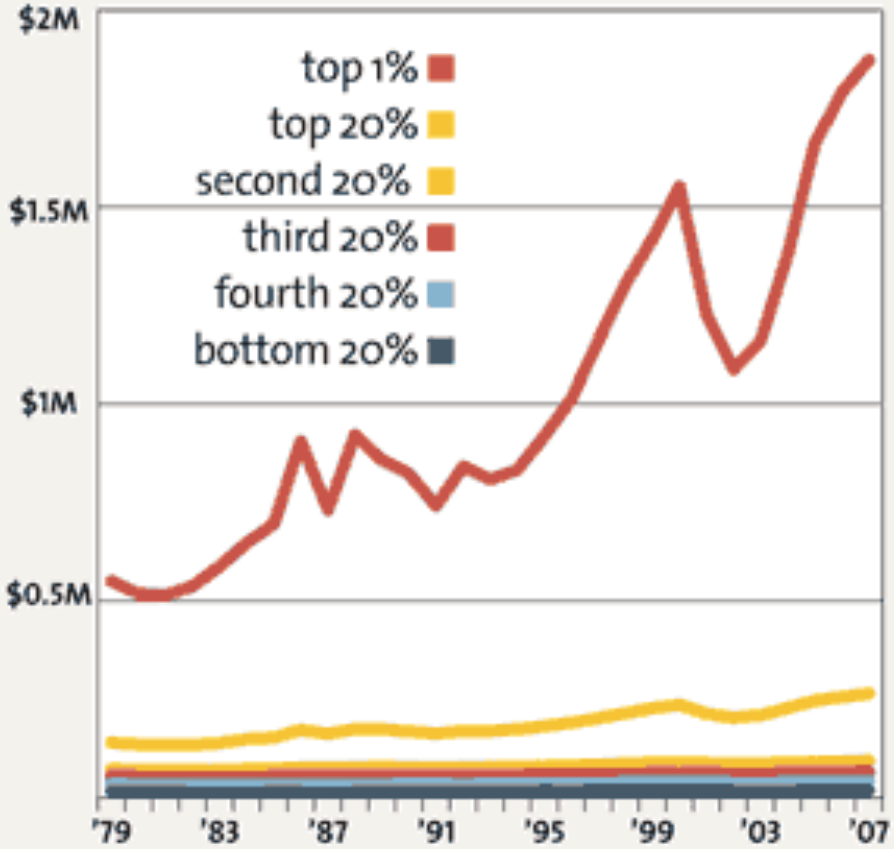
Source: Wilkinson & Pickett, The Spirit Level (2009)

THE EQUALITY TRUST



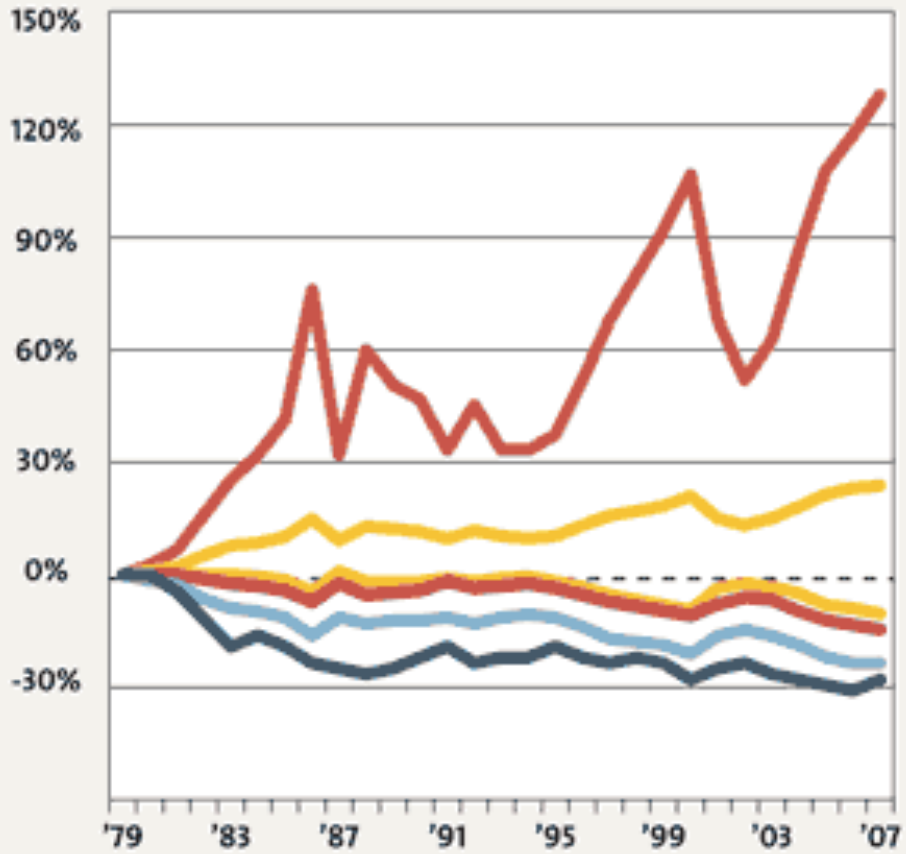
Source: Michael I. Norton, Harvard Business School; Dan Ariely, Duke University

AVERAGE HOUSEHOLD INCOME
before taxes



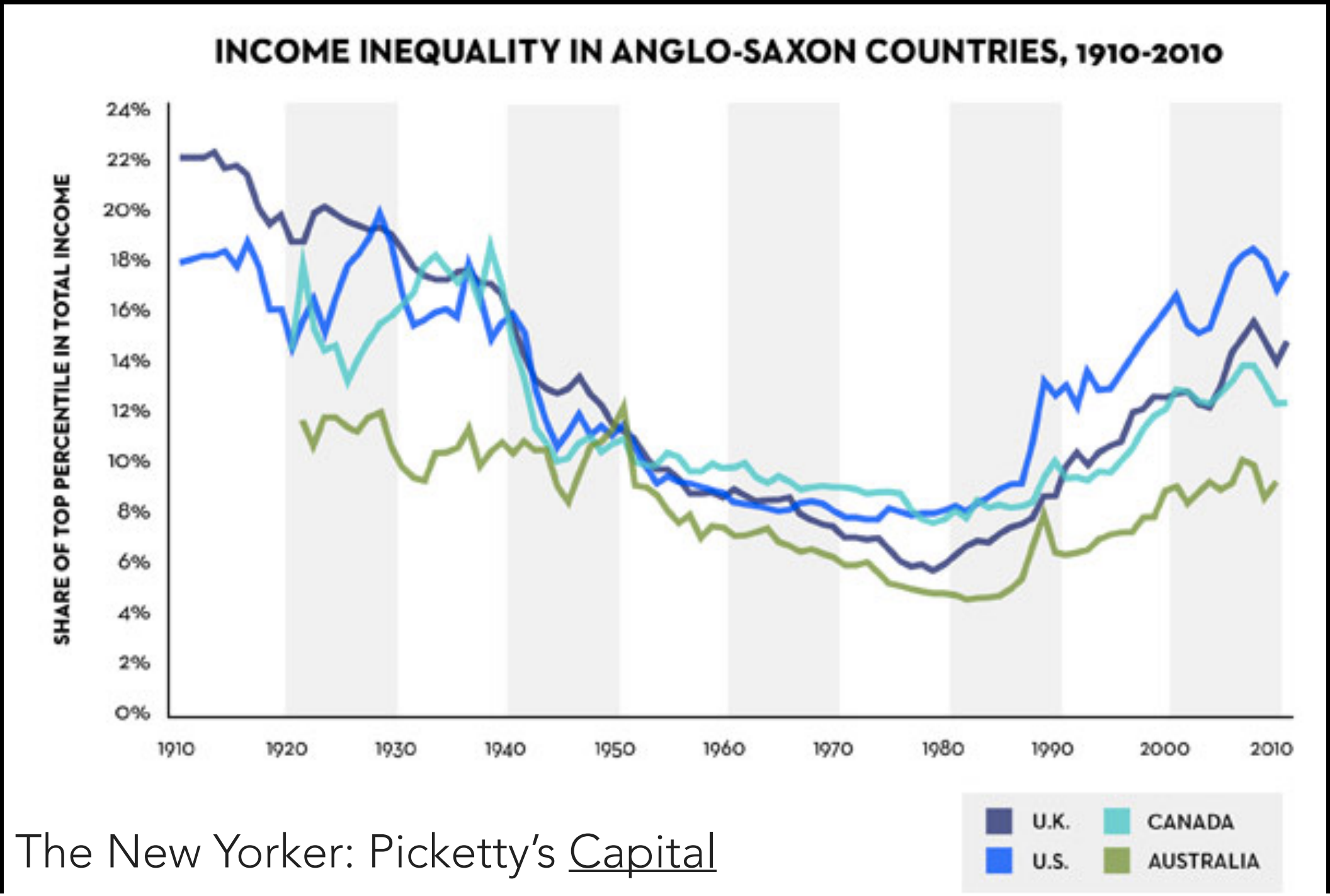
2007 dollars. Source: Congressional Budget Office

CHANGE IN SHARE OF INCOME
vs. 1979, after taxes



Source: Congressional Budget Office

Level of Inequality in US is "probably higher than in any other society at any time in the past, anywhere in the world." - Picketty



The New Yorker: Picketty's Capital

SES AND HEALTH

- Measured by: income/wealth, education, and/or occupational prestige
- Whitehall Studies beginning in 1967
  - British civil servants
  - Clerical jobs that are highly stratified with rankings between different classes of employees
  - Mortality/Disease rate greatest for those at the bottom of the occupational hierarchy

SES AND HEALTH: POSSIBLE EXPLANATIONS (MARMOT 2004)

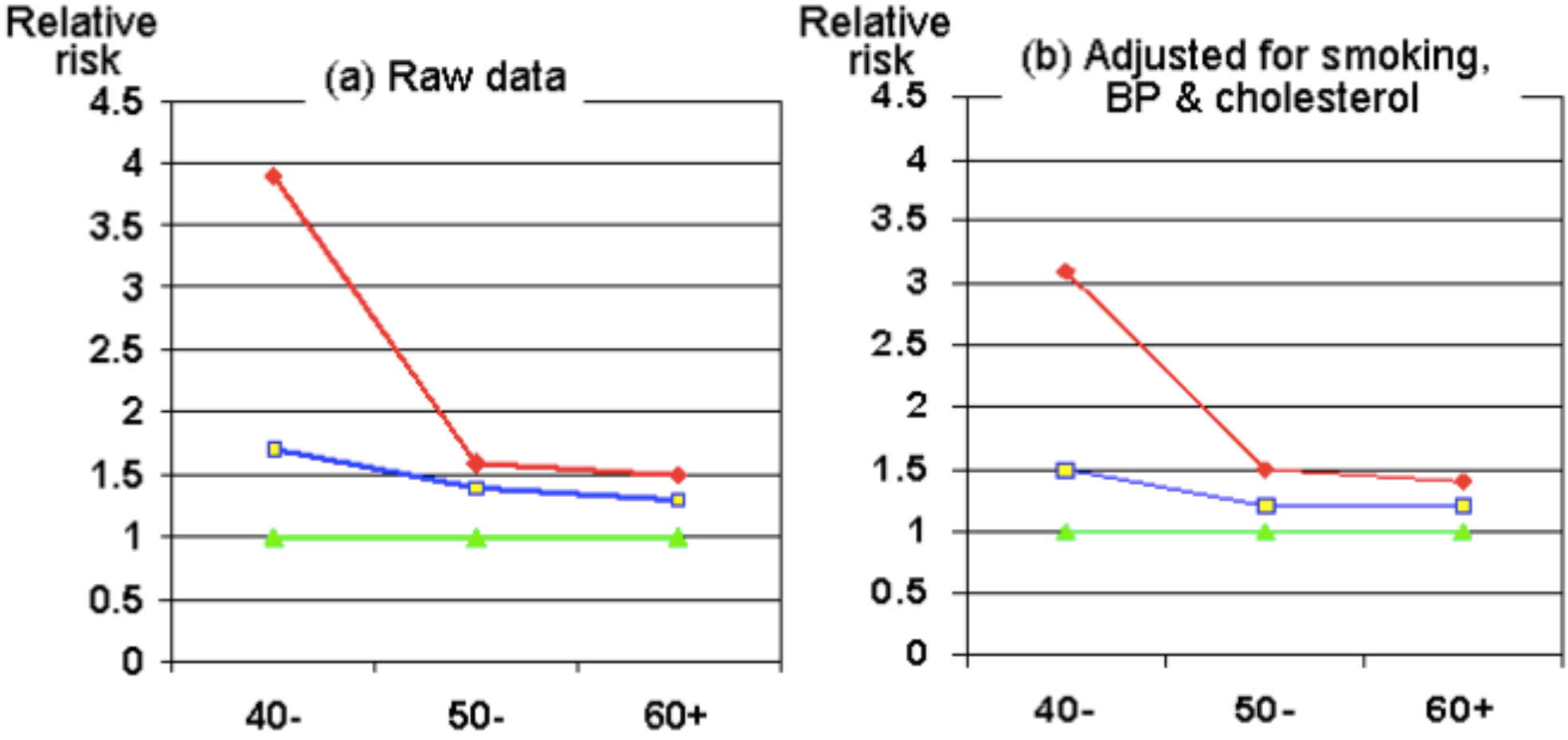
- Those lower in the hierarchy have less access to quality health care
  - Evidence? Not the main driver; why?
- The unhealthy are downwardly mobile and the healthy are upwardly mobile (selection effect).
  - Evidence? Little. Mobility opportunity varies considerably country to country to begin with

SES AND HEALTH: POSSIBLE EXPLANATIONS (MARMOT 2004)

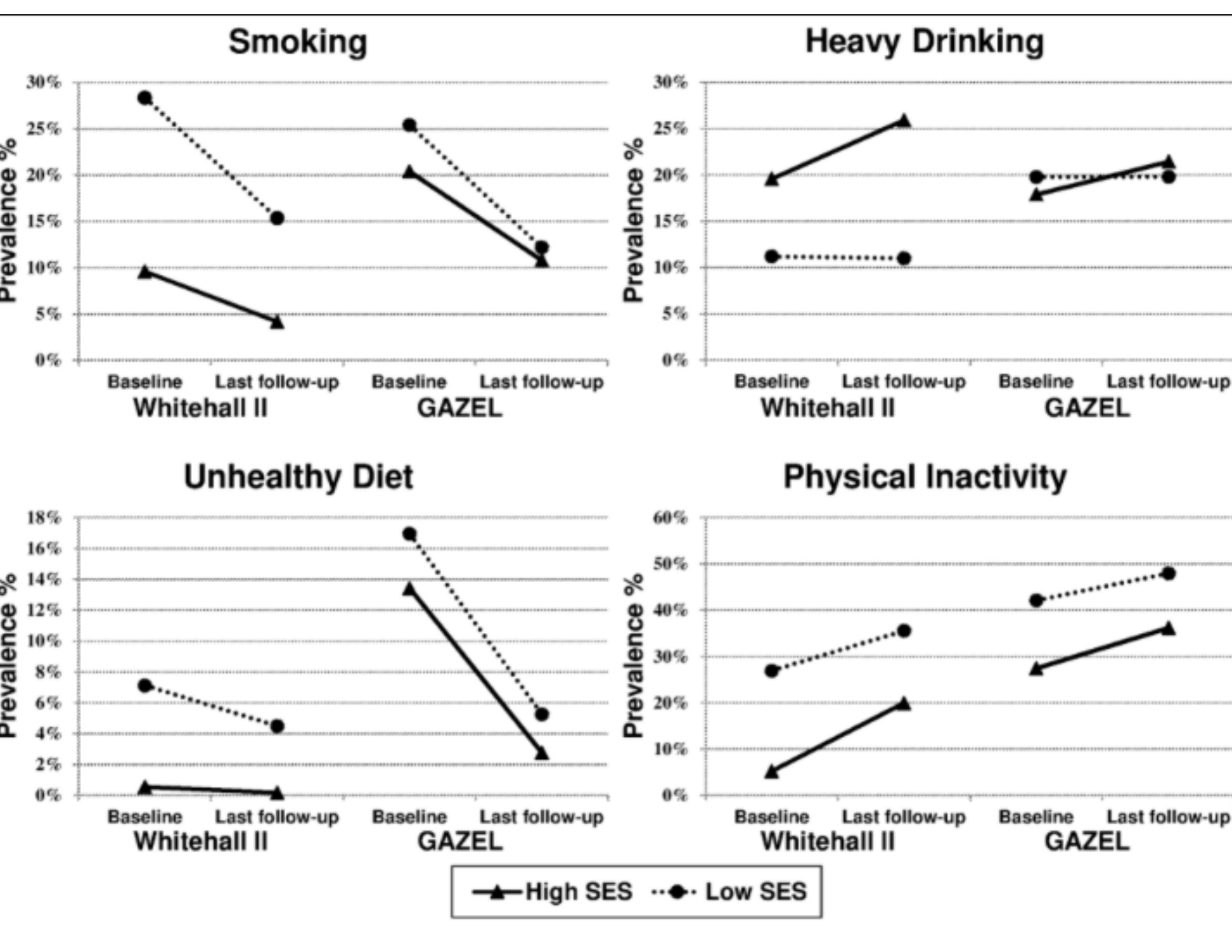
- Those from lower classes are genetically predisposed for ill health
  - Evidence? None. Why?
- Lower classes engage in more risky behaviors.
  - Evidence? Some, but again, not the main driver

Do conventional risk factors account for link between SES and mortality?

Ten-Year Relative Risks of Death (all causes) in Whitehall I Cohort
(a) unadjusted, and (b) adjusting for CVD risk factors



Civil service occupational categories: 'Other' 'Clerical' 'Professional'


Smoking
Heavy Drinking
Unhealthy Diet
Physical Inactivity
Prevalence %
Baseline
Last follow-up
Whitehall II
GAZEL
High SES
Low SES