

City-level data reveals health inequities are far from inevitable

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Racial and ethnic health inequities result in huge differences in life expectancy rates across the largest U.S. cities. These health inequities are avoidable, unnecessary and unfair, but collecting the right data and then acting on it can help slash these gaps.

A prime example of this occurred more than 15 years ago in Chicago, when researchers at the Sinai Urban Health Institute discovered that the city's Black mortality rate for breast cancer was 116% higher than the white mortality rate. Acting on this data, the Metropolitan Chicago Breast Cancer Task Forces was formed to address the geographic variation in access to mammography and quality diagnosis and treatment that systematically disadvantaged Black women.

Subsequent "interventions disrupted the invisible, structural roots of inadequate breast cancer care provided by community hospitals serving segregated neighborhoods," wrote DePaul University Sociology Professor Fernando De Maio, PhD, and colleagues in a *New England Journal of Medicine* case study. "Structural Racism—A 60-Year-Old Black Woman with Breast Cancer."

The article was co-written by David Ansell, MD, and Kristen Pallok, MD.

De Maio, also the director of research and data use at the AMA Center for Health Equity, co-edited *Unequal Cities: Structural Racism and the Death Gap in America's Largest Cities*, a new book published by Johns Hopkins University Press. The book's contributors analyzed data on life expectancy and mortality in the nation's 30 largest cities.

The book asks this pointed question: If health equity can be achieved for some outcomes in some cities, why not all?

The book was co-edited by Maureen Benjamins, PhD, senior research fellow at the Sinai Urban Health Institute. In a blurb shown on the book's back cover, AMA Chief Health Equity Officer Aletha Maybank, MD, MPH, says "the authors eloquently describe, through an equity lens, the imperative of progress from mere data analysis to action."

Data drives anger, hope and action

“We approached this book really with a sense of the power of data to motivate social change and that it is not just abstract numbers, but these are people and families and communities with devastating levels of suffering and huge variability in life expectancy,” De Maio said in an interview, adding that the data creates two very different feelings.

“There’s anger about the data, the inequality, the injustice, but there’s also hope that it can stimulate action and recognition that things could be different,” he said. “We tend to think of health inequities as big, monolithic, deeply entrenched problems, but they vary from place to place and vary over time.”

These variations, he explained, show that the inequities are not inevitable and that they can change for the better.

De Maio said it would be a “home run” if local public health departments, health systems, physicians and others engage deeply with the metrics used in the book.

“I don’t think that most people know the life expectancy or infant-mortality rate or the level of inequity in these outcomes in their city,” De Maio said. Those metrics “should be part of our political conversations, just as much as the unemployment and inflation rates.”

No hometown favoritism shown

In many of the books’ numerous charts, Chicago—the hometown for both De Maio and the AMA—does not fare very well. This is most noticeable in a chart displaying average annual excess Black deaths, a figure calculated by comparing Black and white mortality rates.

The chart shows Chicago topping the list with 3,341 excess Black deaths. And this number is increasing; as De Maio and his Sinai Urban Health Institute colleagues show in a related *JAMA Network Open* publication.

The book also singles out a Chicago initiative, West Side United, as a ray of hope where a combination of research and data, community mobilization and political will have joined together to work toward a common goal: Cutting in half the life expectancy gap between the city’s disinvested neighborhoods to the west and the more affluent areas downtown. The AMA is contributing a \$2 million investment over two years.

Learn more about the AMA’s strategic plan to embed racial justice and advance health equity.