

# Social Policies and Health Disparities

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# **Stigma as an Unrecognized Determinant of Population Health: Research and Policy Implications**

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- Invigorate
- Interrupt
- Ignore

# 1. Policies that Invigorate Stigma Processes and Produce Harm

## Immigration policies and mental health morbidity among Latinos: A state-level analysis

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## Methods

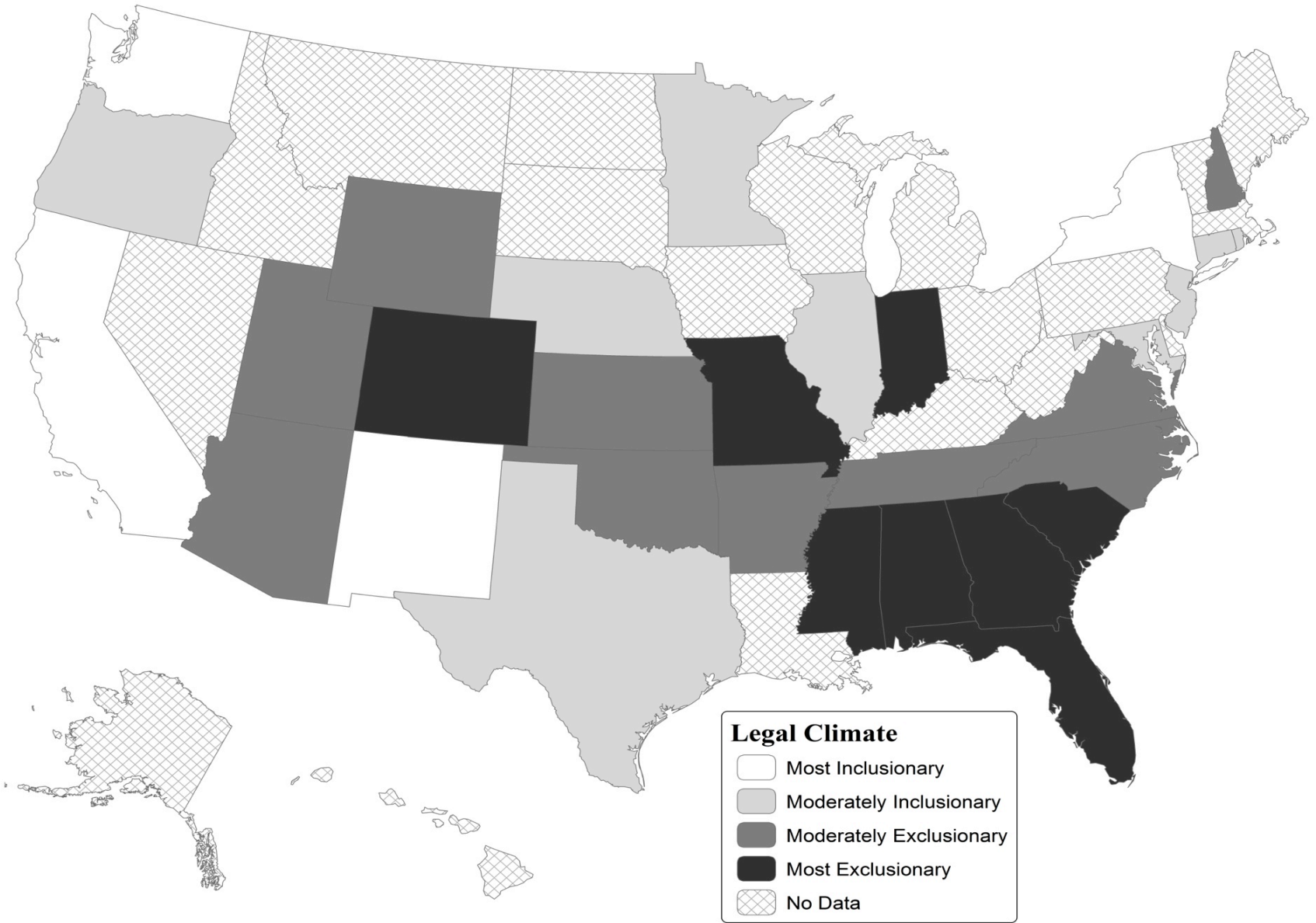
- Created a state policy index that included 14 policies in 4 domains (immigration, race/ethnicity, language, agricultural worker protections) across 31 states
  - Policies coded for year 2012 and determined using several sources (e.g., WestLaw, Lexis Nexis, National Conference of State Legislatures, National Immigration Law Center, Immigration and States Project)
- Linked this data to 2012 Behavioral Risk Factor Surveillance System (N=293,081)
  - Population-based health survey of U.S. adults ages 18+

# 14 State Laws Included in Policy Climate Index

- Driver's Licenses
- Education
  - Post-secondary admissions; in-state tuition; financial aid for undocumented
- English-only laws
- Labor
  - Minimum wage, worker's compensation; E-Verify requirements
- Social services
  - Food assistance; cash assistance
- Omnibus Laws
- Voter ID
- Health care
  - Eligibility for qualified immigrants for health care during 5-year ban; culturally and linguistically appropriate services

# Converting the range of a law/policy into numerical scores for index – example using driver’s license laws

Code	0 most inclusionary	1	2	3 most exclusionary
Description	Law allows licenses for undocumented immigrants	Law allows driving privilege cards, temporary licenses, or licenses marked with "not valid for ID" or other marker for undocumented	No law permitting or prohibiting	Law prohibits driver's licenses for undocumented immigrants
States (2012)	New Mexico, Washington	Utah	All other states	Alabama, Missouri, Oklahoma



## More poor mental health days in states with exclusionary policy climates

- Latinos in states with a more exclusionary immigration policy climate had more poor mental health days compared to Latinos in states with a less exclusionary climate (RR 1.14; 95% CI: 1.04-1.25)<sup>1</sup>
- Association between state policies and poor mental health days significantly higher among Latinos than non-Latinos (RR for interaction, 1.03, 95% CI 1.01-1.06)
- Sensitivity analyses revealed results specific to policy index
  - No results obtained with: % vote for Romney vs. Obama; party affiliation of governor; state-level residential segregation between Latinos and non-Latinos

<sup>1</sup>**Statistical Analysis:** Multilevel Poisson models. **Covariates:** Individual level: age, race, sex, education, income, employment, marital status; State level: % Latino, public opinion



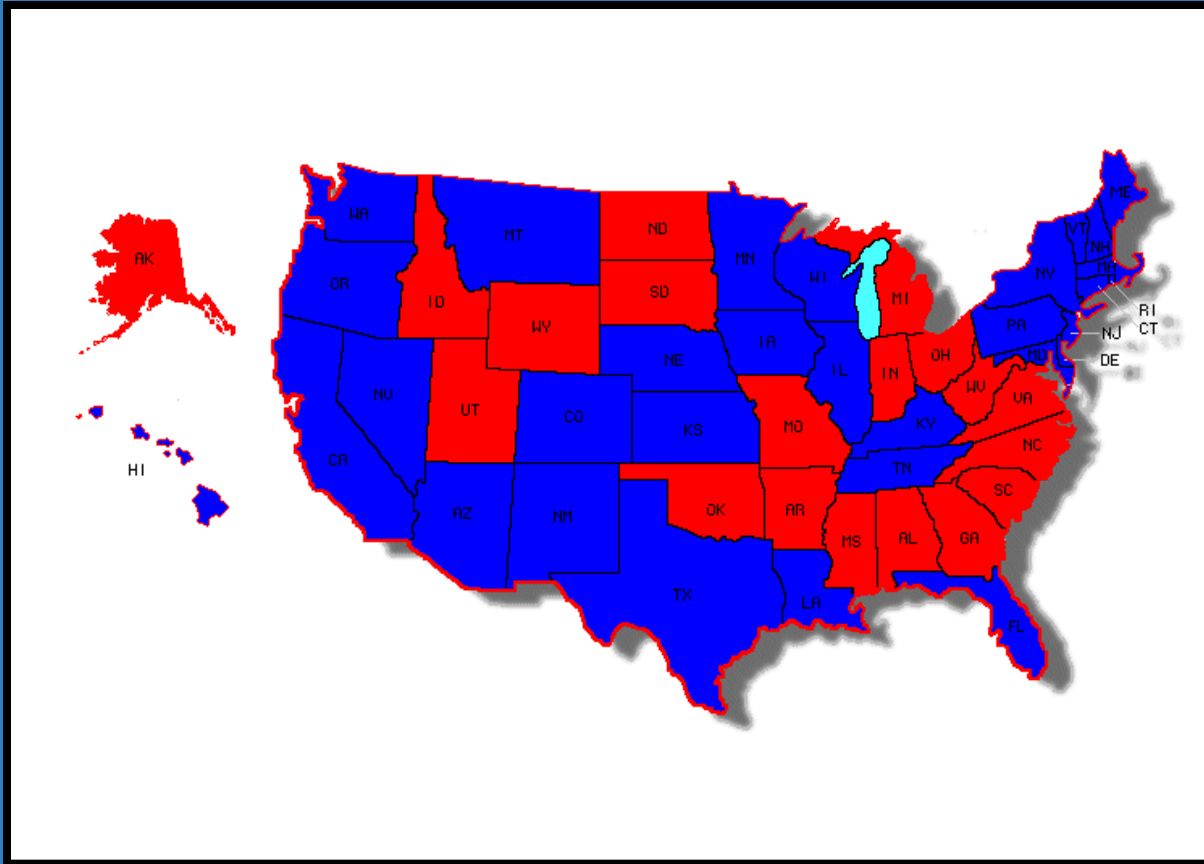
## 2. Policies that Reduce Stigma and its Health Consequences

### **State-Level Policies and Psychiatric Morbidity In Lesbian, Gay, and Bisexual Populations**

| Mark L. Hatzenbuehler, MS, MPhil, Katherine M. Keyes, MPH, and Deborah S. Hasin, PhD

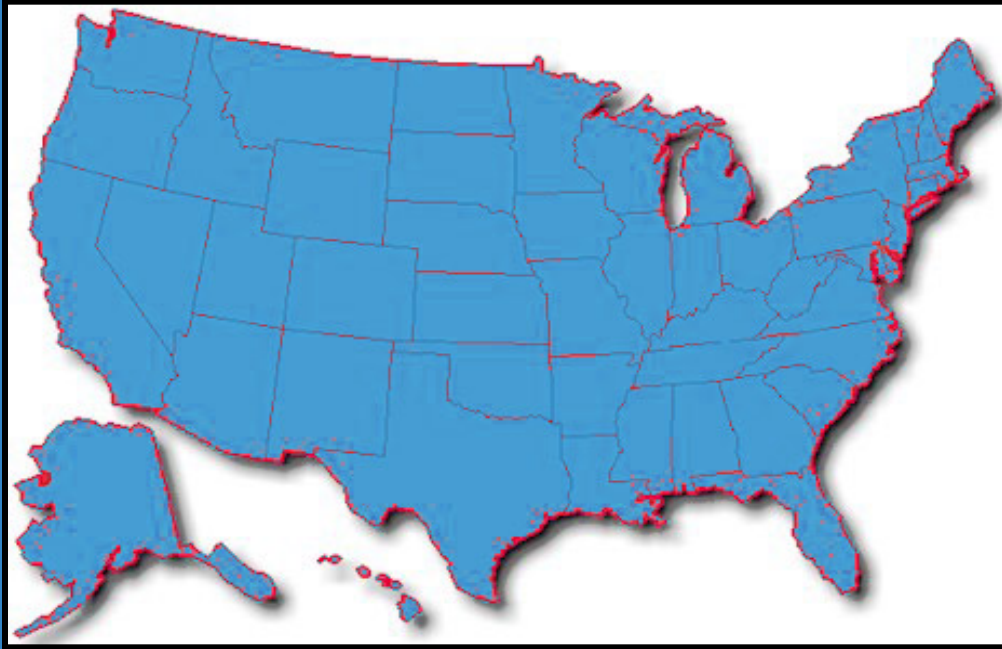
December 2009, Vol 99, No. 12 | American Journal of Public Health

# State-Level Policies Conferring Protections Based on Sexual Orientation Status



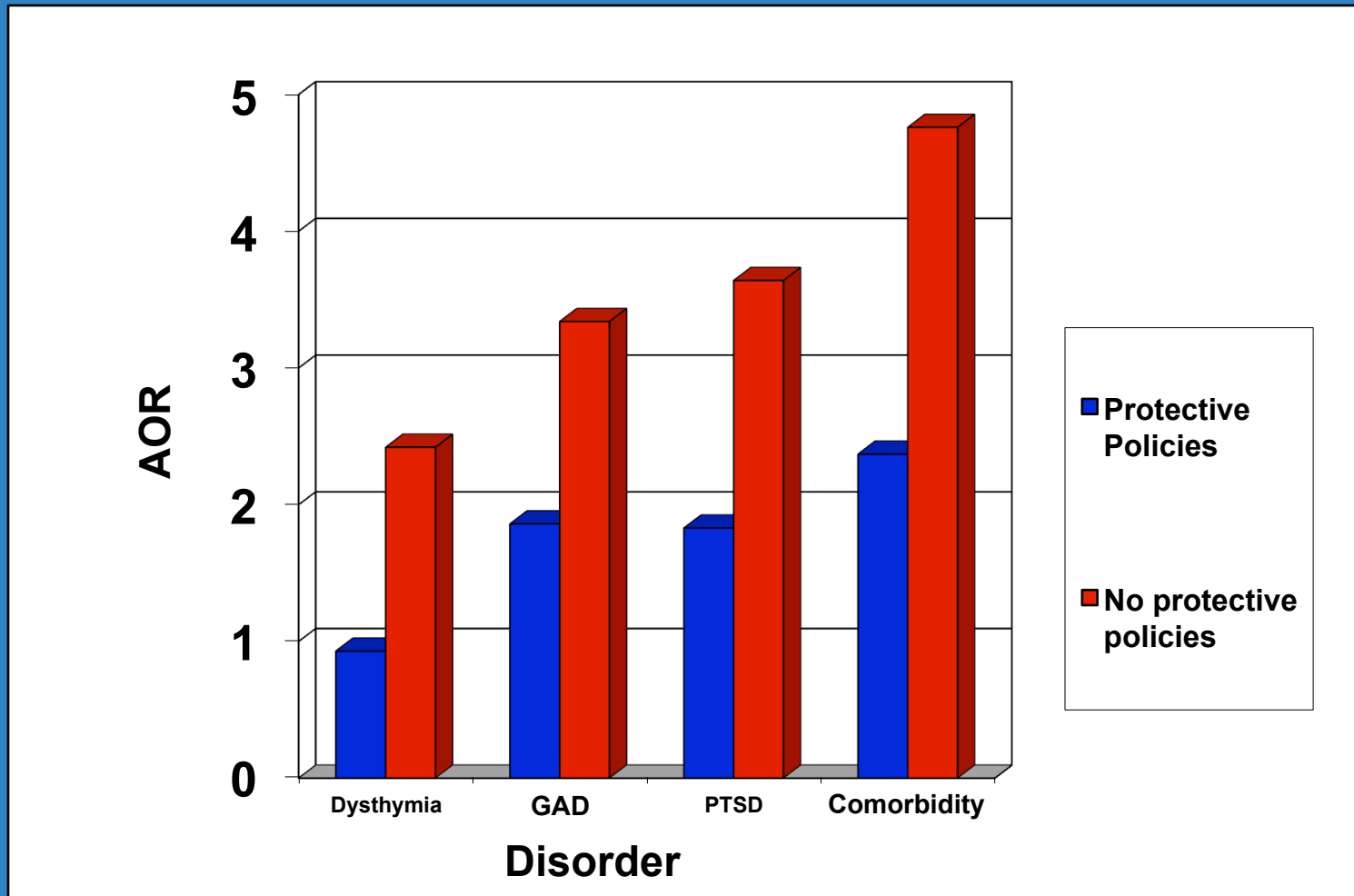
- (1) Hate Crimes
  - (2) Employment Discrimination
- Red = States with no protective policies
  - Blue = States with at least one protective policy

# National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)



- Wave 2 (N=34,653)
- Household and group residents
- Face-to-face interviews
- Response rate: 81%
- Oversampling of Blacks, Hispanics, young adults (18-24 yrs)
- DSM-IV diagnoses
- Sexual orientation (1.67% LGB-identified [1.86% men, 1.52% women])

# Sexual orientation disparity in psychiatric morbidity is smaller in states with protective policies



## 2. Policies that Reduce Stigma and its Health Consequences

### **Effect of Same-Sex Marriage Laws on Health Care Use and Expenditures in Sexual Minority Men: A Quasi-Natural Experiment**

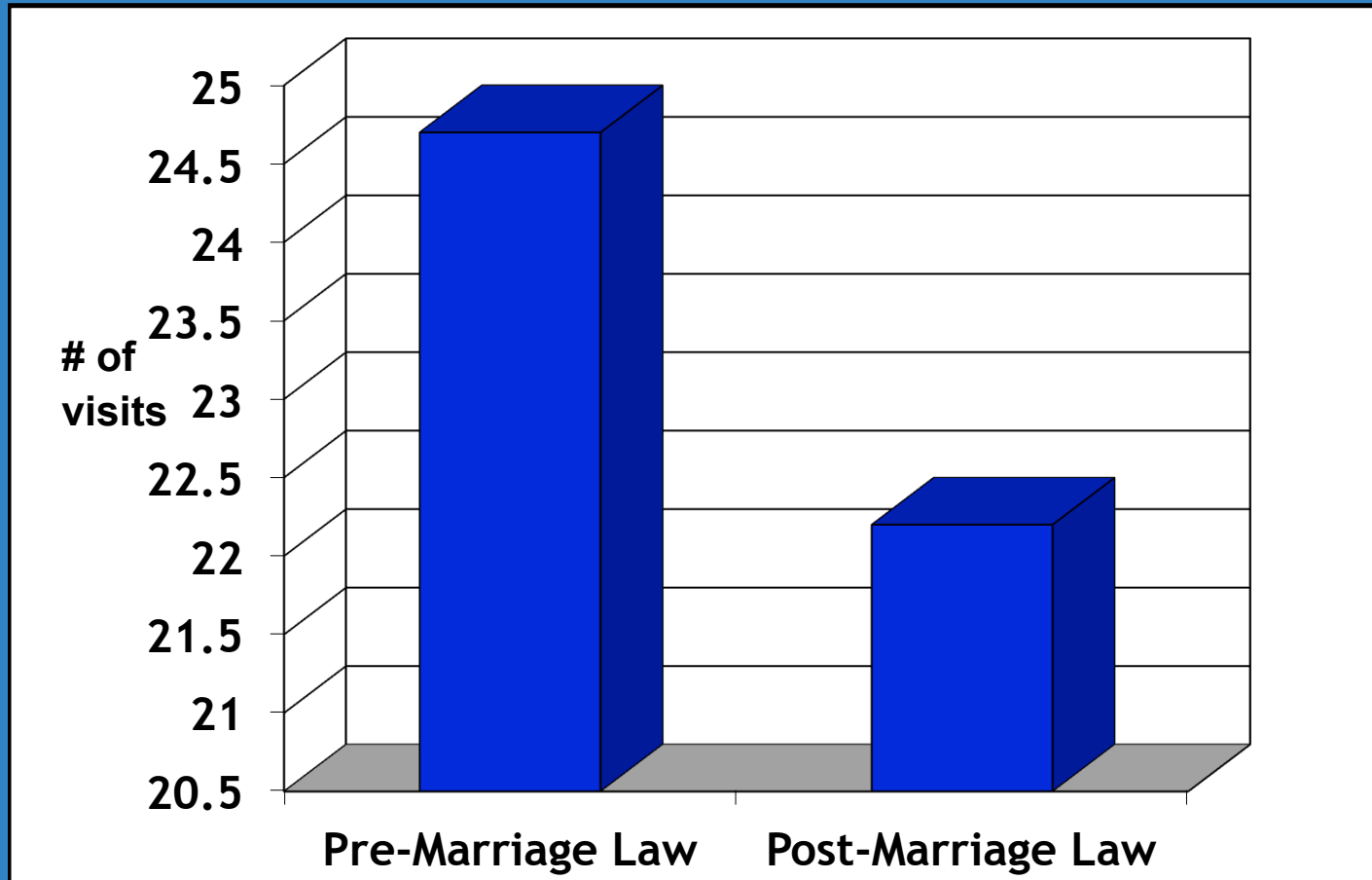
Mark L. Hatzenbuehler, PhD, Conall O'Cleirigh, PhD, Chris Grasso, MPH, Kenneth Mayer, MD, Steven Safren, PhD, and Judith Bradford, PhD

February 2012, Vol 102, No. 2 | American Journal of Public Health

## Methods

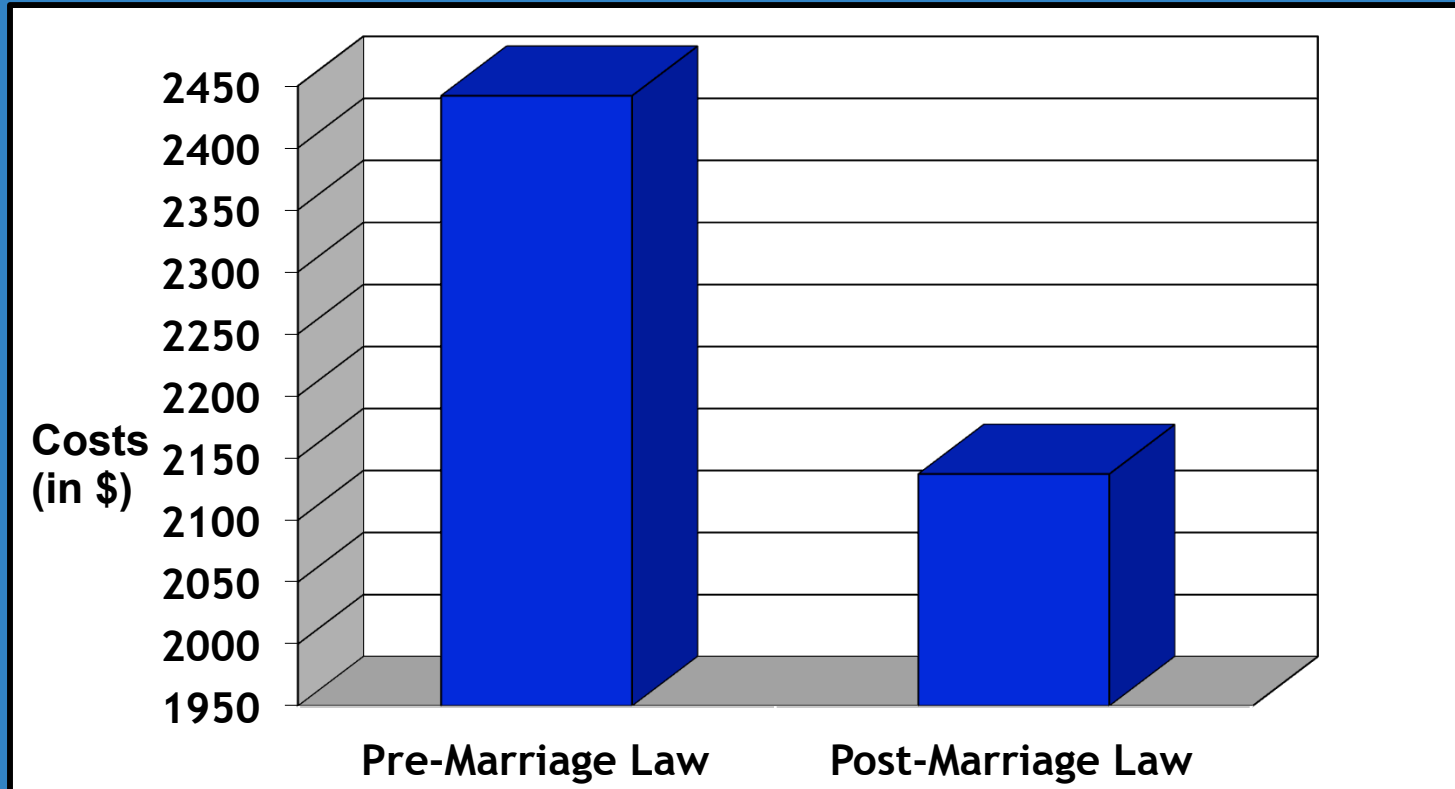
- In 2003, Massachusetts became the first state to legalize same-sex marriage (*Goodridge vs. Department of Public Health*)
- Community-based health clinic (N=1,211 gay and bisexual men)
- Extracted health information in outpatient billing records from 2002-2004
- Examined changes in medical and mental health care utilization and expenditures in the 12 months before and after same-sex marriage legalized

# Reduction in Mental Health Care Utilization in the 12 Months Following Same-Sex Marriage



$F(1,147)=4.60, p=0.03, \text{Cohen's } d=0.35$

# Reduction in Mental Health Care Costs in the 12 Months Following Same-Sex Marriage

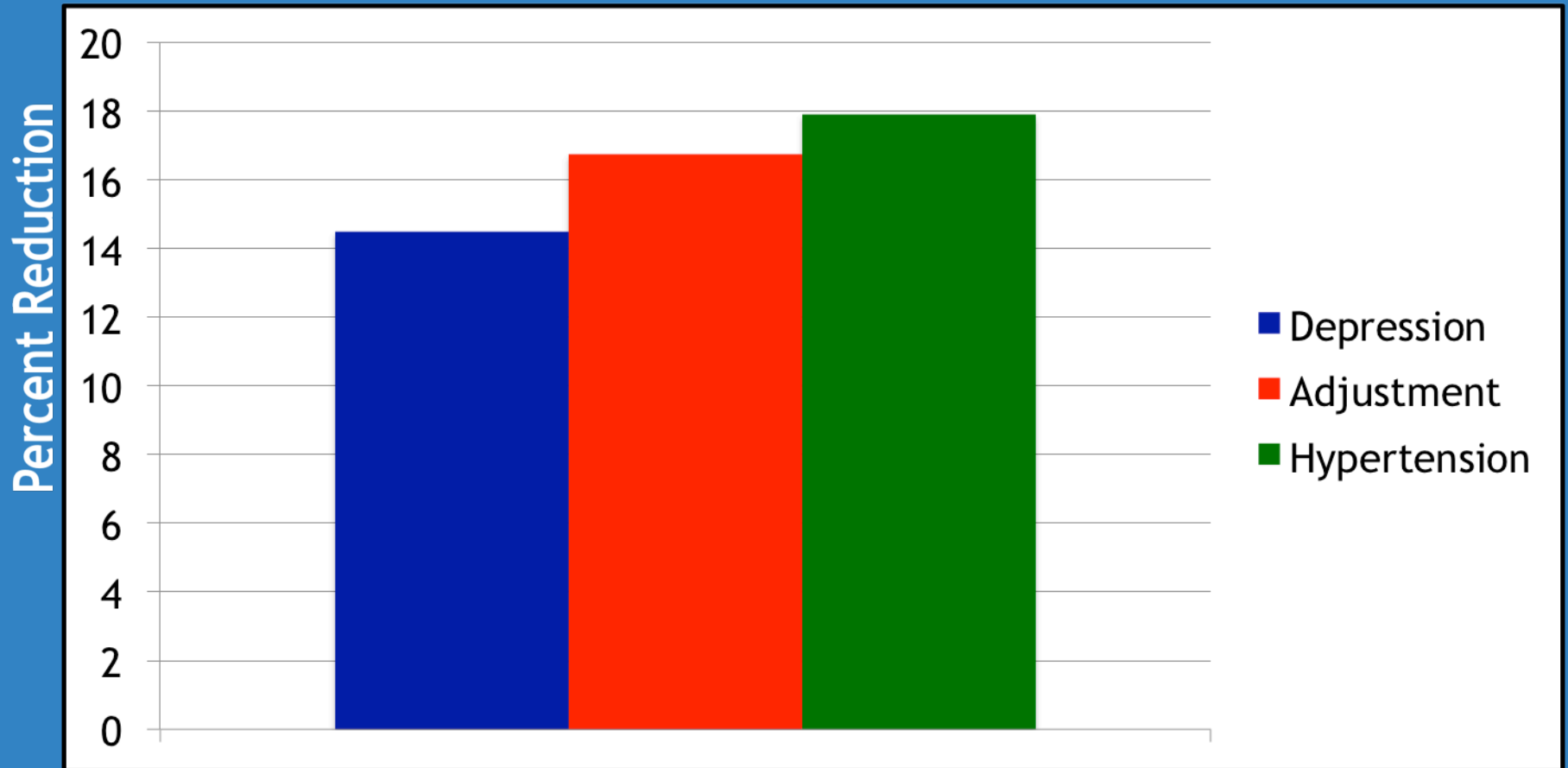


$F(1, 147)=6.32, p<0.01, \text{Cohen's } d=0.41$



# Reduction in Health Problems in 12 Months Following Same-Sex Marriage

(by International Classification of Diseases-9 codes)

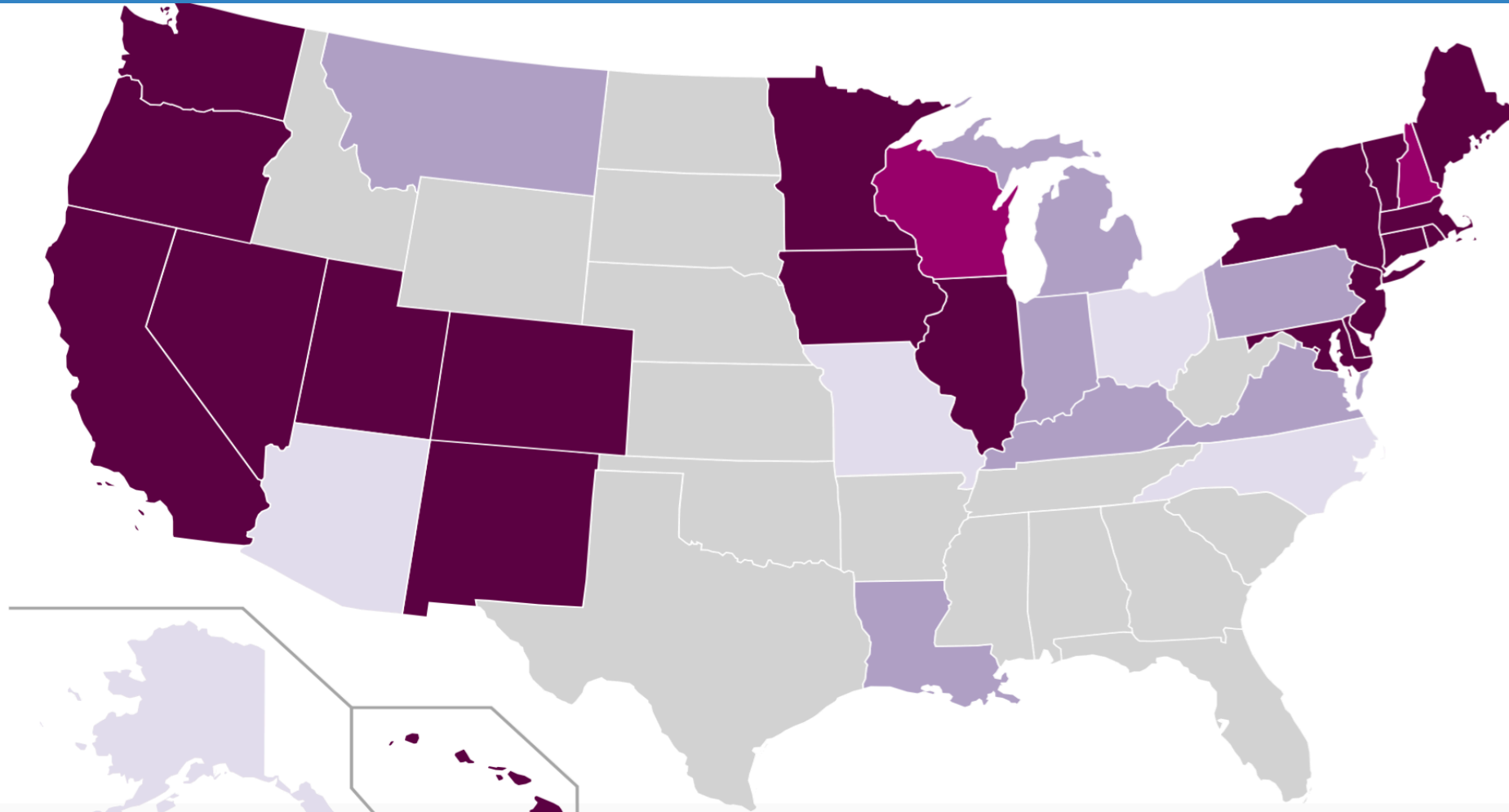


## Addressing Alternative Explanations: Health Care in Massachusetts (2002-2004)

- Instituted comprehensive health care reform law
  - But this occurred in 2006, well outside the study period
- Trends in health care costs among Massachusetts residents increased during study period (CMS, 2007)
  - But we find evidence for decreased expenditures
- Cuts to MassHealth insurance program (disabilities, poverty) in 2004
  - But only 3% of our sample had MassHealth; removing them doesn't change direction or magnitude of the results

### 3. Policy Inaction

- Policy inaction as a policy regime affecting stigmatized groups
  - Can be strongly motivated, as when powerful groups directly benefit from lower placement of the stigmatized
  - Can also occur when powerful groups simply attend to what matters most to them, remaining unaware of and inattentive to the needs of the stigmatized
  - A correlative form of inaction can occur when policy is constructed but implemented selectively or not at all



**States that prohibit discrimination based on sexual orientation and gender identity (20 states & D.C.):** California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Iowa, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New Mexico, New York, Oregon, Rhode Island, Utah, Vermont, Washington



**States that prohibit discrimination based on sexual orientation only (2 states):** New Hampshire, Wisconsin



**States that prohibit discrimination against public employees based on sexual orientation and gender identity (7 states):** Indiana, Kentucky, Louisiana, Michigan, Montana, Pennsylvania, Virginia



**States that prohibit discrimination against public employees based on sexual orientation only (5 states):** Alaska, Arizona, Missouri, North Carolina, Ohio

# Challenges in Studying Social Policies and Health Disparities

- Lack of variation in social policies
  - Some policies were, until recently, ubiquitous exposures (e.g., DOMA)
- Lack of data structures
  - Few population-based health data sets that:
    - Include demographic variables on groups of interest (e.g., sexual orientation, documentation status)
    - Provide geographic units of analysis (e.g., state) that enable researchers to link in policy variables
    - Have group-specific measures (e.g., identity-relevant stressors) of mediating/moderating factors

## Future Research on Social Policies and Health Disparities

- Identify mechanisms linking social policies to health outcomes (mixed methods research)
- Evaluate whether and how implementation of these laws moderates their efficacy
- Determine whether policies across multiple levels (municipal, state, federal) interact to produce health outcomes
- Create new data structures that address limitations of existing data

# Conclusions (1): Multi-Measure, Multi-Method Approach to Studying Social Policies and Health Disparities

- Multiple policy measures
  - Immigration policies (e.g., Hatzenbuehler et al., 2017)
  - Anti-bullying policies (e.g., Hatzenbuehler & Keyes, 2013)
  - Same-sex marriage laws (e.g., Hatzenbuehler et al., 2010; 2012)
  - Employment non-discrimination, hate crime laws (Hatzenbuehler et al., 2009)
  - Jim Crow laws (Krieger et al., 2013)
- Multiple methods:
  - Daily diary studies (e.g., Frost & Fingerhut, 2016)
  - Cross-national comparisons (e.g., Pachankis et al., 2015)
  - Quasi-experimental designs (e.g., Krieger et al., 2013)
  - Audit experiments (e.g., Tilcsik, 2011)

## Conclusions (2):

# Using Research on Structural Stigma to Inform Public Policies

**IN THE UNITED STATES COURT OF APPEALS  
FOR THE NINTH CIRCUIT**

KRISTIN M. PERRY, et al.,  
*Plaintiffs-Appellees,*

v.

ARNOLD SCHWARZENEGGER, et al.,  
*Defendants,*  
and

DENNIS HOLLINGSWORTH, et al.,  
*Defendants-Intervenors-Appellants.*

On Appeal From The United States District Court  
For The Northern District Of California  
No. CV-09-02292 VRW  
The Honorable Vaughn R. Walker

**IN THE UNITED STATES COURT OF APPEALS  
FOR THE NINTH CIRCUIT**

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF  
COLORED PEOPLE, MARICOPA COUNTY BRANCH, NATIONAL  
ASIAN PACIFIC AMERICAN WOMEN'S FORUM

*Plaintiffs-Appellants*

vs.

TOM HORNE, Attorney General of Arizona, in his official capacity,  
ARIZONA MEDICAL BOARD and LISA WYNN, Executive Director of  
the Arizona Medical Board, in her official capacity,

*Defendants-Appellees*



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- Katherine Keyes, Deborah Hasin, Jennifer Hirsch, Seth Prins, Morgan Philbin, Morgan Flake, Somjen Frazer (Columbia)
- Conall O’Cleirigh, Steven Safren, Ken Mayer, Chris Grasso, Judith Bradford (Fenway Institute)