Structural Stigma and Health

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Gee et al. (2009)

Hate crimes
Bullying
Stereotypes
Structural Stigma Embedded in Multiple Institutions

- Law and social policies
- Religion
- Academia and research
- Education
- Industry, business, corporations
- Police
- Military
- Media
- Finance
- Place, home
- Marriage and family
- Technology
- Medicine and hospitals
Policies Shape Social Norms about Stigmatized Groups

ATTITUDINAL POLICY FEEDBACK AND PUBLIC OPINION
THE IMPACT OF SMOKING BANS ON ATTITUDES TOWARDS SMOKERS, SECONDHAND SMOKE, AND ANTISMOKING POLICIES
JULIANNA PACHECO

Do Popular Votes on Rights Create Animosity Toward Minorities?
Todd Donovan¹ and Caroline Tolbert²

Does Policy Adoption Change Opinions on Minority Rights? The Effects of Legalizing Same-Sex Marriage
Rebecca J. Kreitzer¹, Allison J. Hamilton², and Caroline J. Tolbert
Three Effects of Social Policies on Stigma Processes

| Stigma as an Unrecognized Determinant of Population Health: Research and Policy Implications |
| Bruce Link | University of California, Riverside |
| Mark L. Hatzenbuehler | Columbia University |

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- Invigorate
- Interrupt
- Ignore
1. Policies that Invigorate Stigma Processes and Produce Harm

The Impact of Institutional Discrimination on Psychiatric Disorders in Lesbian, Gay, and Bisexual Populations: A Prospective Study

Mark L. Hatzenbuehler, MS, MPhil, Katie A. McLaughlin, PhD, Katherine M. Keyes, MPH, and Deborah S. Hasin, PhD
Methods

• Red = States passing constitutional amendments
• Blue = States not passing constitutional amendments

National Epidemiologic Survey on Alcohol and Related Conditions (2001-2005)
LGB Adults Living in States that Banned Same-Sex Marriage Experienced Increase in Mood Disorders

Covariates: sex, age, race/ethnicity, SES, marital status
Negative Consequences of Marriage Bans Are Specific to LGB Adults

Covariates: sex, age, race/ethnicity, SES, marital status
2. Policies that Interrupt Stigma Processes and Mitigate Harm

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

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
Sexual Orientation Disparity in Psychiatric Morbidity is Significantly Smaller in States with Protective Policies

Covariates: sex, age, race/ethnicity, SES, marital status, perceived discrimination
3. Policies that Ignore the Interests of Stigmatized Groups

- Policy inaction as a policy regime affecting stigmatized group
3. Policies that Ignore the Interests of Stigmatized Groups

- A correlative form of policy inaction can occur when policy is constructed but implemented selectively, or not at all.

Implementation of the Americans with Disabilities Act: Challenges, Best Practices, and New Opportunities for Success

National Council on Disability (2007)
How Does Structural Stigma Produce Health Inequalities?
1. Structural Stigma Increases Psychological Risk Factors for Poor Health

- Linked ecologic data on structural stigma across 38 countries to individual-level outcomes among MSM living in these countries (n=174,209)
- Structural stigma → Concealment (AOR: 2.47, 95% CI: 2.10-2.91)
- Concealment associated with a host of negative mental and physical health outcomes (Pachankis, 2007)
2. Structural Stigma Activates Physiological Stress Response System

Hatzenbuehler & McLaughlin, 2014
3. Structural Stigma Undermines Efficacy of Individual-Level Health Interventions

Reid et al., 2014
Caveats

• Structural stigma is a necessary but not sufficient target for interventions that seek to disrupt stereotypes.

• Learning from research on other stigmatized groups, while making appropriate adaptations to specific group of interest.
Conclusions (I):
Structural Stigma is a Risk Indicator for Poor Health

- **Social policies**
  - Immigration (Hatzenbuehler et al., 2017)
  - Hate crime protections (Levy & Levy, 2017)
  - Same-sex marriage (Rostosky et al., 2010)

- **Methods**
  - Observational (Hatzenbuehler et al., 2009; 2017)
  - Quasi-experimental (Hatzenbuehler et al., 2010; 2012)
  - Daily diaries (e.g., Frost & Fingerhut, 2016)
  - Audit experiments (e.g., Tilcsik, 2011)

- **Groups**
  - Sexual minorities (e.g., Hatzenbuehler et al., 2009; 2010)
  - Racial minorities (e.g., Krieger et al., 2013)
  - Ethnic minorities (e.g., Hainmueller et al., 2017)

- **Health outcomes**
  - Psychiatric morbidity (e.g., Hatzenbuehler et al., 2009)
  - Suicide attempts (e.g., Raifman et al., 2017)
  - Infant mortality (Krieger et al., 2013)
Conclusions (II)

- Structural stigma undermines health through:
  - Psychological factors
    - Concealment (Pachankis et al., 2014)
    - Disclosure concerns (Miller et al., 2011)
    - Self-stigma, perceived discrimination, reduced empowerment (Evans-Lacko et al., 2012)
  - Physiological factors
    - Activates physiological stress response system (Hatzenbuehler & McLaughlin, 2014)
    - Undermines health interventions (Reid et al., 2014)
  - Structural stigma represents one important target for multi-level interventions aimed at disrupting stereotypes.
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