Keys to Effectively Reducing Social Inequalities in Health: Evidence and Opportunities

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Centrality of the Social Environment

An individual’s chances of getting sick are largely unrelated to the receipt of medical care.

Where we live, learn, work, play and worship determine our opportunities and chances for being healthy.

Social Policies can make it easier or harder to make healthy choices.
Moving Upstream Means

- Changing the social, physical and economic environments that determine health and risk factors for health
- A complementary approach to individual and group level interventions
- Individuals in the intervention do not enroll and may be unaware of their participation
- May be implemented at low economic costs (removing vending machines or tobacco bans)
- Require political will

Not a New Idea

- Improvements in sanitation in early 20th century
- Improvements in working conditions and equipment safety
- Seat belts in automobiles
- Laws regarding road safety
- Eliminating lead in paint and gasoline
- Reducing Drunk Driving
- Water Fluoridation

Policy Area

Place Matters!

Geographic location determines exposure to risk factors and resources that affect health.
## Our Neighborhood Affects Our Health

<table>
<thead>
<tr>
<th>Unhealthy Community</th>
<th>vs</th>
<th>Healthy Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsafe even in daylight</td>
<td>Safe neighborhoods, safe schools, safe walking routes</td>
<td></td>
</tr>
<tr>
<td>Exposure to toxic air, hazardous waste</td>
<td>Clean air and environment</td>
<td></td>
</tr>
<tr>
<td>No parks/areas for physical activity</td>
<td>Well-equipped parks and open/spaces/organized community recreation</td>
<td></td>
</tr>
<tr>
<td>Limited affordable housing is run-down; linked to crime ridden neighborhoods</td>
<td>High-quality mixed income housing, both owned and rental</td>
<td></td>
</tr>
<tr>
<td>Convenience/liquor stores, cigarettes and liquor billboards, no grocery store</td>
<td>Well-stocked grocery stores offering nutritious foods</td>
<td></td>
</tr>
</tbody>
</table>
### Unhealthy Community vs Healthy Community

<table>
<thead>
<tr>
<th>Unhealthy Community</th>
<th>Healthy Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Streets and sidewalks in disrepair</td>
<td>Clean streets that are easy to navigate</td>
</tr>
<tr>
<td>Burned-out homes, littered streets</td>
<td>Well-kept homes and tree-lined streets</td>
</tr>
<tr>
<td>No culturally sensitive community centers, social services or opportunities to engage with neighbors in community life</td>
<td>Organized multicultural community programs, social services, neighborhood councils or other opportunities for participation in community life</td>
</tr>
<tr>
<td>No local health care services</td>
<td>Primary care through physicians’ offices or health center; school-based health programs</td>
</tr>
<tr>
<td>Lack of public transportation, walking or biking paths</td>
<td>Accessible, safe public transportation, walking and bike paths</td>
</tr>
</tbody>
</table>
Residential Segregation is an example of a Social Policy that continues to have pervasive adverse effects on health.
Segregation refers to the physical separation of the races by enforced residence in different areas.

It emerged most aggressively in the developing industrial urban centers of the South and, as Blacks migrated to the North, it ensured that whites were protected from residential proximity to blacks.

In both northern and southern cities, levels of black-white segregation increased dramatically between 1860 and 1940 and have remained strikingly stable since then.

Sources: Cell, 1982; Lieberson, 1980; Massey & Denton, 1993.
Segregation was:

- Imposed by legislation
- Supported by major economic institutions
- Enshrined in the housing policies of the federal government
- Enforced by the judicial system and vigilant neighborhood organizations
- Legitimized by the ideology of white supremacy that was advocated by the church and other cultural institutions

Racial Segregation Is …

1. Myrdal (1944): …"basic" to understanding racial inequality in America.


3. Kerner Commission (1968): …the "linchpin" of U.S. race relations and the source of the large and growing racial inequality in SES.

4. John Cell (1982): …"one of the most successful political ideologies" of 20th century & "the dominant system of racial regulation and control" in the U.S.

5. Massey and Denton (1993): …"the key structural factor for the perpetuation of Black poverty in the U.S." and the "missing link" in efforts to understand urban poverty.
How Segregation Can Affect Health

1. Segregation determines SES by affecting quality of education and employment opportunities.

2. Segregation can create pathogenic neighborhood and housing conditions.

3. Conditions linked to segregation can constrain the practice of health behaviors and encourage unhealthy ones.

4. Segregation can adversely affect access to medical care and to high-quality care.

Source: Williams & Collins, 2001
Residential Segregation and SES

A study of the effects of segregation on young African American adults found that the elimination of segregation would completely erase black-white differences in:

- Earnings
- High School Graduation Rate
- Unemployment

And reduce racial differences in single motherhood by two-thirds

Cutler, Glaeser & Vigdor, 1997
Health is Local: One County - 100 year Gap

- King County, home of Seattle & Starbucks, has good health, only a couple years behind the best countries on LE
- If we look at the census tract level, the county’s overall “good” average hides huge disparities
- Some census tracts in King County are 40 years ahead of the best performing countries’ average life expectancy
- Other nearby census tracts, are almost 60 years behind
- There is much more variation by census tract within King County than there is by county within the U.S.
- Compared to the healthiest nations, it would take 100 years for the census tract with the lowest life expectancy in King County to catch up to where the highest ones are today

David W. Fleming , Director, Public Health, Seattle and King County
Improving American’s Health

Enhancing neighborhood quality to Improve health
3 Major HUD Initiatives in 1990s

• Residential Relocation: Moving to Opportunity: helping poor families move from high-poverty public housing

• In-Place Services and Incentives: Jobs-Plus: saturating public housing with high-quality employment services and rent-based financial incentives

• Suburban Job Linkage: Bridges to Work: help residents of high-poverty, central-city communities find jobs in opportunity-rich suburban areas
Lessons from HUD Initiatives

• Interventions can increase income, improve safety and security and improve physical and mental health
• Families will respond to real opportunities
• Meaningful change requires sustained effort over time
• People need help in finding jobs and in keeping jobs (retention, advancement, commuting costs, child care)
• Programs must tackle all of the major barriers: housing, safety, health, employment, education

Turner & Rawlings, Urban Institute, 2005 “Overcoming Concentrated Poverty…”
Moving to Opportunity

- The Moving to Opportunity Program randomized families with children in high poverty neighborhoods to move to less poor neighborhoods.

- Three years later, there were improvements in the mental health of both parents and sons who moved to the low-poverty neighborhoods.

- 10 to 15 years later, movers had lower levels of obesity, severe obesity & diabetes risk (HbA$_{1c}$)

Leventhal and Brooks-Gunn, 2003; Ludwig et al. NEJM, 2011
Yonkers Housing Intervention

City-wide de-concentration of public housing

- Half of public housing residents selected via a lottery to move to better housing
- 2 years later, movers reported better overall health, less substance abuse, neighborhood disorder and violence than those who stayed
- Movers also reported greater satisfaction with public transportation, recreation facilities and medical care
- Movers had higher rates of employment and lower welfare use

Fauth et al. Social Science and Medicine, 2004
Improving Residential Circumstances

• Policies need to address the concentration of economic disadvantage and the lack of an infrastructure that promotes opportunity that co-occurs with segregation for African Americans, American Indian reservations and increasingly for Latinos

• Nothing inherently negative about living next those of one’s own race

• Major infusion of economic capital to improve the social, physical, and economic infrastructure of disadvantaged communities

• One should not have to move to live in a better neighborhood

Williams and Collins 2004
Purpose Built Communities

Instead of addressing poverty, urban blight, failing schools, crime and unemployment piecemeal, community activists and philanthropists in Atlanta took them on at once (integrative strategies include cradle-to-college educational opportunities, mixed-income housing, early child development, recreational opportunities).

Atlanta’s East Lake District results:
- A 95% reduction in crime since its launch in 1995
- Employment rate of low-income: from 13% to 70%
- Striking school achievement: East Lake students at or above grade level increase from 5% at start to 96%
- Purpose Built Communities in Atlanta, New Orleans, Indianapolis, Charlotte, among others.
Improving America’s Health

Improve economic well-being
Improving Economic Well-Being

• 2007 Task Force Report from the Center for American Progress, ("From Poverty to Prosperity") outlines a roadmap to cut poverty in half in 10 years. These include:

• Promoting inner-city revitalization, unionization, employment of ex-offenders

• Expanding Pell Grants, tax credits for low-income

• Encouraging savings for education, home ownership, retirement

• Connecting vulnerable youth to school and work

• Raising min. wage, providing child assistance
Growing Income Inequality

Reducing economic inequality in general, and the large and growing racial/ethnic inequalities in economic well-being is crucial to reducing health inequities.
Median Household Income and Race, 2009

Median Income

- White: $51,861
- Black: $32,584
- Asian & Pacific Islander: $65,469
- Hispanic: $38,039

Source: U.S. Census Statistical Abstracts. 2012. Table 691
Median Household Income and Race, 2009

Racial Differences in Income are Substantial:

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Asian</th>
<th>Hispanic</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>1 dollar</td>
<td>1.26 dollar</td>
<td>73 cents</td>
<td>63 cents</td>
</tr>
</tbody>
</table>

U.S. Census Statistical Abstracts. 2012. Table 691
Median Wealth and Race, 2007

- White: $143,600
- Black: $9,300
- Hispanic: $9,100

Non-home wealth:
- White: $43,600
- Black: $500
- Hispanic: $400

Wolff, 2010
Median Wealth and Race, 2007

- For every dollar of wealth that Whites have, Blacks and Latinos have only 6 cents.

- If we exclude home equity, and only look at other financial assets, Blacks and Latinos have one penny for every dollar of financial wealth that Whites have.

Wolff, 2010
Increased Income and Health

• A study conducted in the early 1970s found that mothers in the experimental income group who received expanded income support had infants with higher birth weight than that of mothers in the control group.

• Neither group experienced any experimental manipulation of health services.

• Improved nutrition, probably a result of the income manipulation, appeared to have been the key intervening factor.

Kehrer and Wolin, 1979
Increased Household Income and Health

- A study by Hoynes et al. used variation in the federal Earned Income Tax Credit (EITC) over time and the presence of state EITC’s to examine the effect of these cash awards on birth outcomes

- Findings: income from EITC reduced the rate of low birth weight and increased mean birth weight

- These effects were evident for both blacks and whites but were larger for blacks.

- Another study by Strully et al. using changes in state EITC as a natural experiment found that state EITCs increased birth weights and reduced maternal smoking

Social Security and the Health of the Elderly

- An analysis of the impact of the social security program in increasing the SES of the elderly was conducted.
- It found that the initial implementation of the program was associated with mortality declines for the elderly.
- Social security benefits were also associated with mortality declines for the elderly.

Great Smoky Mountain Study, NC

• A natural experiment that assessed the impact of additional income on the health of American Indians who were to 9 to 13 years old at baseline

• During this longitudinal study Native households received extra income due to the opening of a Casino

• The study found declining rates of deviant and aggressive behavior among adolescents whose families received additional income.

• After four years of cash supplements, the level of psychiatric symptoms was similar to those of adolescents who had never been poor.

• Lower risk of psychiatric disorders in adolescence when youth lived at home persisted into young adulthood when most had moved out of their childhood home.

Great Smoky Mountain Study, NC -2

• This study also found that the additional income received by adolescents was associated with higher levels of education and lower incidence of minor criminal offenses in young adulthood and the elimination of racial disparities on both of these outcomes.

• These effects existed only for the households that were poor at the time of the inception of income supplements. Improved parenting appears to be responsible for the effects.

Conditional Cash Transfer (CCT) Programs

Provide cash payments to low income families contingent on regular health care visits, school attendance or participation in educational programs.

- A program in Mexico in which families had been randomized to receive cash transfers led to:
  - Reduced illness rates and child stunting (Rawlings & Rubio, 2005)
  - Increased the quality of prenatal care (Barber & Gerter, 2009)
  - Reduced rural infant mortality by 17% (Barham, 2011)

Economic Policy is Health Policy

In the last 50 years, black-white differences in health have narrowed and widened with black-white differences in income.
Health Effects of Civil Rights Policy

- Civil Rights policies narrowed black-white economic gap
- Gains greater for women than men
- Black women had larger gains in life expectancy during 1965 - 74 than other groups (3 times as large as those in the decade before)
- Between 1968 and 1978, black males and females, aged 35-74, had larger absolute and relative declines in mortality than whites

Kaplan et al. 2008; Cooper et al. 1981
• Black women born 1967 - 69 had lower risk factor rates as adults and were less likely to have infants with low-birth weight and low APGAR scores than those born 1961-63

• Desegregation of Southern hospitals enabled 5,000 to 7,000 additional Black babies to survive infancy between 1965 to 1975

Almond & Chay, 2006; Almond et al. 2006
Median Family Income of Blacks per $1 of Whites

Year

Cents


U.S. Life Expectancy at Birth, 1984-1992

NCHS, 1995
Policy Area

Family Structure
Consequences for SES and Health
Family Structure and SES

Compared to children raised by 2 parents those raised by a single parent are more likely to:

• grow up poor
• drop out of high school
• be unemployed in young adulthood
• not enroll in college
• have an elevated risk of juvenile delinquency and participation in violent crime.

McLanahan & Sandefur 1994; Sampson 1987
Determinants of Family Structure

• Economic marginalization of males (high unemployment & low wage rates) is the central determinant of high rates of female-headed households.

• Marriage rates are positively related to average male earnings.

• Marriage rates are inversely related to male unemployment.

Bishop 1980; Testa et al. 1993; Wilson & Neckerman 1986
Social Context of Homicide

1. Lack of access to jobs produces high male unemployment and underemployment.

2. This in turn leads to high rates of out of wedlock births, female-headed households and the extreme concentration of poverty.

3. Single-parent households lead to lower levels of social control and guardianship.

4. The association between family structure and violent crime is identical in sign and magnitude for whites and blacks.

5. Racial differences at the neighborhood level in availability of jobs, family structure, opportunities for marriage and concentrated poverty underlie racial differences in crime and homicide.

Source: Sampson 1987
Racial Differences in Residential Environment

- “The sources of violent crime...are remarkably invariant across race and rooted instead in the structural differences among communities, cities, and states in economic and family organization,” p. 41

- In the 171 largest cities in the U.S., there is not even one city where whites live in ecological equality to blacks in terms of poverty rates or rates of single-parent households.

- “The worst urban context in which whites reside is considerably better than the average context of black communities.” p. 41

Sampson & Wilson 1995
Policy Matters

Social Policy can cushion the negative effects of family structure on poverty and child outcomes
<table>
<thead>
<tr>
<th>Country</th>
<th>% Children 1 Parent HH</th>
<th>Child Poverty (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spain</td>
<td>2</td>
<td>32</td>
</tr>
<tr>
<td>Italy</td>
<td>3</td>
<td>22</td>
</tr>
<tr>
<td>Mexico</td>
<td>4</td>
<td>28</td>
</tr>
<tr>
<td>France</td>
<td>8</td>
<td>26</td>
</tr>
<tr>
<td>Ireland</td>
<td>8</td>
<td>48</td>
</tr>
<tr>
<td>Germany</td>
<td>10</td>
<td>51</td>
</tr>
<tr>
<td>United States</td>
<td>19</td>
<td>55</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>20</td>
<td>46</td>
</tr>
<tr>
<td>Sweden</td>
<td>21</td>
<td>7</td>
</tr>
</tbody>
</table>

## Child Poverty Rates

<table>
<thead>
<tr>
<th>Country</th>
<th>Before Taxes</th>
<th>After Taxes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Netherlands</td>
<td>16.0</td>
<td>7.7</td>
</tr>
<tr>
<td>Spain</td>
<td>21.1</td>
<td>12.3</td>
</tr>
<tr>
<td>Sweden</td>
<td>23.4</td>
<td>2.6</td>
</tr>
<tr>
<td>Canada</td>
<td>24.6</td>
<td>15.5</td>
</tr>
<tr>
<td>Italy</td>
<td>24.6</td>
<td>20.5</td>
</tr>
<tr>
<td>United States</td>
<td>26.7</td>
<td>22.4</td>
</tr>
<tr>
<td>Australia</td>
<td>28.1</td>
<td>12.6</td>
</tr>
<tr>
<td>France</td>
<td>28.7</td>
<td>7.9</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>36.1</td>
<td>19.8</td>
</tr>
<tr>
<td>Poland</td>
<td>44.4</td>
<td>15.4</td>
</tr>
</tbody>
</table>

Source: UNICEF (United Nations’ Children’s Fund), 2000
Learning from the Military

- Black men in the military earn more than civilian peers
- The command and control, bureaucratic structure of the military has created a more race-blind environment than larger society
- Military benefits include family housing, day care centers, school-age activity centers
- Active duty military service promotes marriage over cohabitation, increased likelihood of 1st marriage, and leads to greater stability of marriage. Effects greater for blacks than for whites
- Economic resources eliminates disparities in marriage

Teachman 2007; Teachman and Tedrow 2008; Teachman 2009
Improving American’s Health

Enhance the quality of education
Education Policy

In a country as racially polarized as the United States, no single change … could possibly eliminate the entire legacy of slavery and Jim Crow … But if racial equality is America's goal, reducing the black-white test score gap would probably do more to promote this goal than any other strategy that could command broad political support. Reducing the test score gap is probably both necessary and sufficient for substantially reducing racial inequality in educational attainment and earnings. [These] … in turn help reduce racial differences in crime, health, and family structure.…”

Self-Affirmation Intervention

- Two randomized double-blind experiments with black and white seventh-graders
- Intervention: students to their most important value, write a paragraph on why it is important to the student
- Goal: affirm sense of adequacy and self-worth
- Black students in affirmation condition earned higher grades in targeted course and in their other courses
- Improved grades evident for 70% of Blacks.
- One or two administrations work equally well
- Racial achievement gap reduced by 40%
- No effect of the intervention among whites.

Cohen et al, Science, 2006
Self-Affirmation Intervention -II

- Two-year follow-up of this study found that a positive effect of affirmation on students’ GPA over two years was evident for blacks but not whites,
- Low achieving black students show greatest benefit
- The intervention also affected students’ perceptions of their ability to succeed in school
- This brief psychological intervention reduced the racial achievement gap and reduced the number of black students placed in remedial programs
- A similar experiment with women found improved their grades and reduced the male-female gap in grades

Social Belonging Intervention

- A RCT was implemented during students’ freshman year: it sought to neutralize the psychological perception of threat that many minority college students have.
- Provided information to students that social adversity on campus was initially common to all students but temporary and tried to help them internalize it.
- Study documented that, three years later, this brief psychological intervention among black college students had:
  -- increased academic performance,
  -- reduced the black-white achievement gap by one half
  -- reduced doctor visits
  -- Improved self-reported health over the 3 years

Improving Education

- In 2006, the Education Trust published a report entitled, *Yes We Can: Telling Truths and Dispelling Myths About Race and Education in America*

- It indicates, for example, that teacher quality is the single biggest predictor of student performance

- It provides examples of schools of excellence in poor African American, Latino and American Indian communities
Policy Matters

Investments in early childhood programs in the U.S. have been shown to have decisive beneficial effects.
High/Scope Perry Preschool

Program: Black children, living in poverty & at risk of school failure
• Random assignment
• Daily classes and weekly home visits

At age 40, those who received the program:
• Were more likely to graduated from high school
• Had higher employment, income, savings, home ownership
• Had fewer arrests for violent, property and drug crimes
• Cost-benefit: $17 return to society for every dollar invested

Reynolds et al. 2007; Muennig et al. 2009
What is Holding Us Back?

Major Barriers to Overcome
Our Challenge

“It’s not rocket science we’re doing here. It’s harder than rocket science.” Geoffrey Canada, quoted in U.S. News and World Report, October 31, 2005
Persistence of Negative Racial Stereotypes:

Undergirding the persistence of multiple forms of racism
Recent research suggests that we think with our hearts.

The role of emotion is central in interracial interactions and preferences for policy.
“The most difficult social problem in the matter of Negro health is the peculiar attitude of the nation toward the well-being of the race. There have... been few other cases in the history of civilized peoples where human suffering has been viewed with such peculiar indifference”

Emotions: Consequences

- Across 4 countries in Europe, the absence of positive emotions was a strong predictor of opposition to policies regarding immigrant out-groups

- This measure of subtle contemporary prejudice was a stronger predictor than measures of traditional prejudice

- Feelings are a good covert indicator of subtle prejudice

Pettigrew and Meertens, European J Psych, 1995
Brief measure of No Positive Emotions

• Two questions captured the absence of positive emotions:
  
  How often do you feel sympathy for Blacks?
  How often do you feel admiration for Blacks?

  Response options: 5-point scale of very often to never

  Variable coded so that a high score equals a lack of sympathy and admiration

• The absence of positive emotions is an important component of subtle prejudice

Pettigrew and Meertens, European J Psych, 1995
Power of No Positive Emotions

• The absence of positive emotions for Blacks is the strongest predictor of White’s opposition to affirmative action in employment and opposition to an active role of government in reducing racial inequalities

• Other predictors considered included: age, gender, income, education, individual and group self interests, political party preference, stratification beliefs (economic individualism, social dominance), conservatism, traditional prejudice, modern racism scale
There is a Communication Divide
We Need to Learn A New Language

- America is not as healthy as it should be.
- There is more to health than health care.
- Our zip code may be more important to health than our genetic code.
- Where you live, work, learn, and play matters.
- There are many Americans who face significant barriers to better health.
- All Americans should have the opportunity to make the choices that allow them to live a long, health life, regardless of their income, education or ethnic background.
Where Americans are

• Most Americans are unaware that disparities exist

• Americans do not naturally think about health in terms of social factors

• Traditional phrasing of the social determinants tests poorly in communication research

• 84% of Americans tend to view their health as largely under their control and for which they have to take personal responsibility
Uneven Knowledge

• Most of the U.S. public view personal health behaviors and access to care as very strong determinants of health
• Many fewer see social and economic determinants as having strong effects on health
• Older, non-white, liberal & low SES more likely to see social and economic factors as important
• Minorities much more likely than whites to view social factors as important:
  – Having a job, 70% vs 52%
  – Housing quality, 56% vs 37%
  – Level of education, 56% vs 34%

Robert et al. AJPH, 2011
Implications

- Most knowledgeable of social factors are the least politically active – need for community capacity building
- Role of experience: Importance of narrative approaches; key to contextualize the social determinants of health and communicate effectively
- Narrative approaches can help advantaged envision and sympathize with harsh realities of disadvantaged situations
- Necessity of simultaneous attention to personal responsibility and social responsibility (including structural determinants of health)

Robert et al. AJPH, 2011
How Should We Talk About Disparities?

- Frameworks Institute has been doing research on how best to enhance understanding of racial disparities and to build support to address them.
- This research shows that dominant frames about race are activated by the mention of disparities in outcomes.
- These dominant frames block the building of the needed support to address disparities.

Davey 2009; Talking about Disparities; Frameworks Institute
Dominant Frames About Race

• U.S. society has made dramatic progress on race in recent decades
• Changes in laws and policies have eliminated racism, except at the level of the individual,
• Individual racism is as common in whites as in minorities
• Personal responsibility (and character, values, and effort) are the drivers of success in life; discrimination does not play a role
• Whites and non-whites have separate fates because of differences in core American values

Davey 2009; Talking about Disparities; Frameworks Institute
Framings That Do Not Work

Several framing strategies that are widely used are ineffective, including,

• Framing diversity as a strength
• Arguing that racial disparities are early warning indicators (canaries in a coal mine)
• Framing disparities as due to white privilege
• Framing disparities as structurally driven

In each of these cases, the dominant racial framing obscures, this alternative viewpoint

Davey 2009; Talking about Disparities; Frameworks Institute
Framings That Work

Framings that have the potential to build support for addressing disparities need to focus less on racial disparities, and emphasize widely shared American values (like enhancing opportunity for all and ingenuity) and that link communities in a sense of shared fate. For example:

- Give primacy to effective solutions and innovation
- Emphasize opportunity for all
- Highlight the interdependence of all communities
- Stress preventing community problems before they occur
- Emphasize fairness between places (not individuals)

Davey 2009; Talking about Disparities; Frameworks Institute
Sustaining Action

• Identify and nurture a core of champions in the public, private and voluntary sectors

• Develop and maintain a steady drumbeat of policy-relevant data and information with regards to how factors outside the healthcare system can improve population health and reduce shortfalls in health

• There should be explicit communication strategies targeted at policy-makers and the engaged public

• Emphasis should be given to highlighting interventions that are working now.
Keys to Long-term Success

- Building the perspective of Health into all policy-making
- Including an explicit focus on health equity into policy-making
- Convening, enabling and supporting cross-sectoral collaborations
- Developing institutional mechanisms to provide policy coherence and the constant need for action
- Developing consensus-based standard data and methods for surveillance systems linking health, health equity and their determinants
- Ensure data is available at the local level
- Investing in strengthening community capacity and the potential for community advocacy
Guiding Principles

• Policies to reduce disparities should be undertaken within the context of also improving overall health

• Interventions to reduce social disparities should be knowledge-based and investments should be made in creating the necessary knowledge (both new research on determinants and rigorous evaluation of programs)

• We need both universal policies to address the gradient and improve the health of all and targeted interventions to close gaps for the most vulnerable
Guiding Principles, cont.

We need interventions to address both the direct factors linked to specific health conditions and indirect (upstream) factors that affect the proximal causes of multiple conditions.

Interventions should attend to disparities across the entire continuum of disease.
We need to build a science base that will guide us in developing the political will to support the needed policies to effectively address social inequalities in health.
Time to Act: Investing in the Health of Our Children and Communities

Recommendations From the Robert Wood Johnson Foundation Commission to Build a Healthier America
Health Outcomes

Mortality (length of life) 50%
Morbidity (quality of life) 50%

Health Factors

Health behaviors (30%)
Clinical care (20%)
Social and economic factors (40%)
Physical environment (10%)

Policies and Programs

Tobacco use
Diet & exercise
Alcohol use
Sexual activity
Access to care
Quality of care
Education
Employment
Income
Family & social support
Community safety
Environmental quality
Built environment

County Health Rankings model ©2012 UWPHI
A 7-part documentary series & public impact campaign

www.unnaturalcauses.org

Produced by California Newsreel with Vital Pictures
Presented on PBS by the National Minority Consortia of Public Television
Impact Campaign in association with the Joint Center Health Policy Institute
Conclusions

1. All policy that affects health is health policy
2. Inequality in health is created by inequalities in society
3. SES and racial/ethnic disparities in health reflect the successful implementation of social policies.
4.Eliminating them requires political will, and a commitment to new strategies to improve living and working conditions.
5. Health officials need to work collaboratively with other sectors of society to initiate and support social policies that promote health & reduce health inequality
6. Our great need is to begin in a systematic and comprehensive manner, to use all of the current knowledge that we have.
7. Now is the time
“Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope, and those ripples build a current which can sweep down the mightiest walls of oppression and resistance.”

- Robert F. Kennedy