

Understanding Health Inequality



**“OF ALL THE FORMS OF INEQUALITY, INJUSTICE IN
HEALTHCARE IS THE MOST SHOCKING AND
INHUMANE.”**

-MARTIN LUTHER KING, JR.

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Defining Health and Illness



- In 1948, the World Health Organization (WHO) defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”
- WHO 1986: “Health is the extent to which an individual or group is able to realize aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.”
- **Physical health** and **mental health** are not separate.
- **Disease:** biological and/or physiological changes
- **Illness:** the social, psychological, and physical experience of disease



What is Health Equity?



“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.”

-WHO Constitution

“Health equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing social efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

-Healthy People 2020 (2011)

- **Health disparities are the result of social inequalities.**
 - The United States has the greatest inequality and the worst health outcomes of any industrialized country.
- **Society can be changed in ways that improve health.**
 - Most major improvements in population health have been due to social reforms.

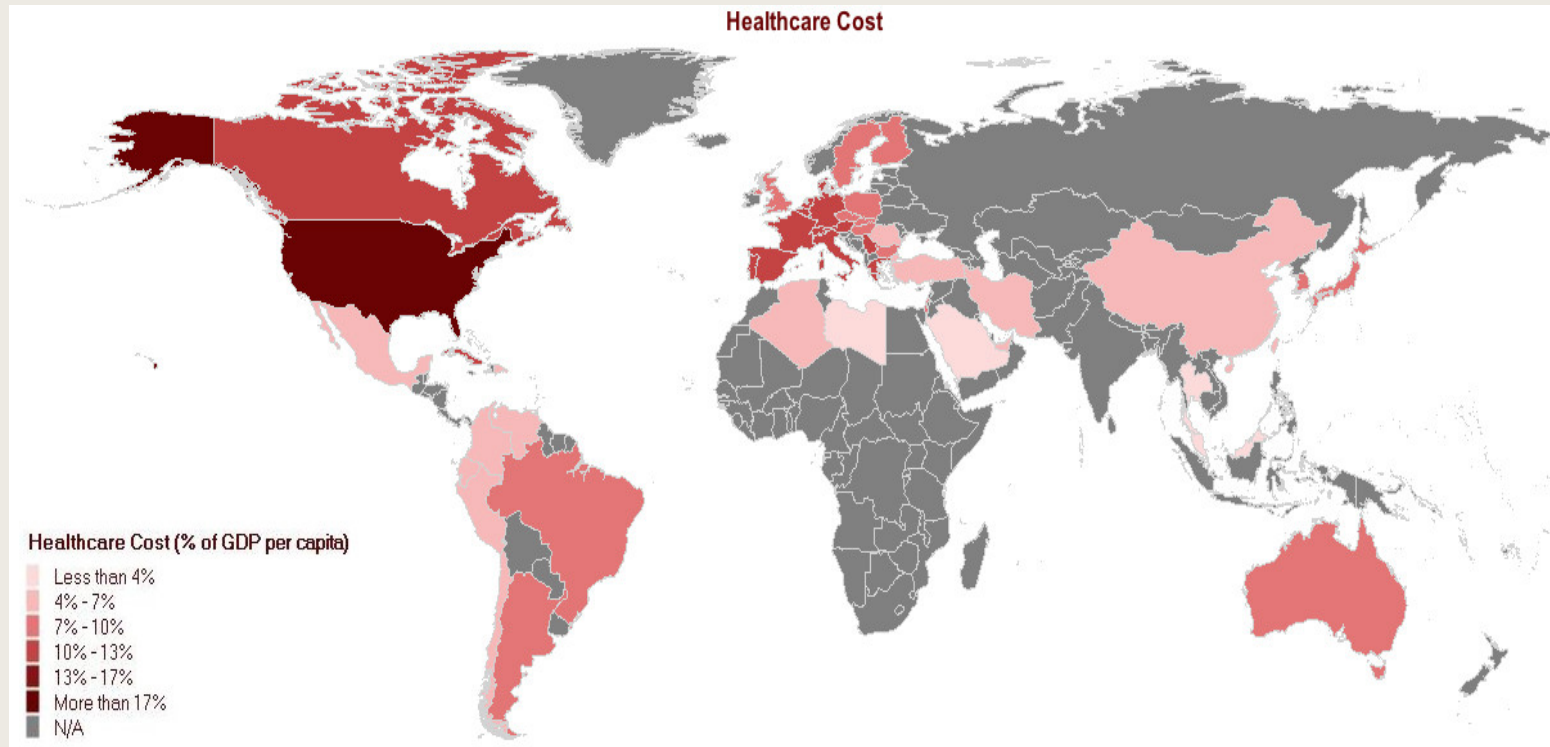
U.S. Health Care System



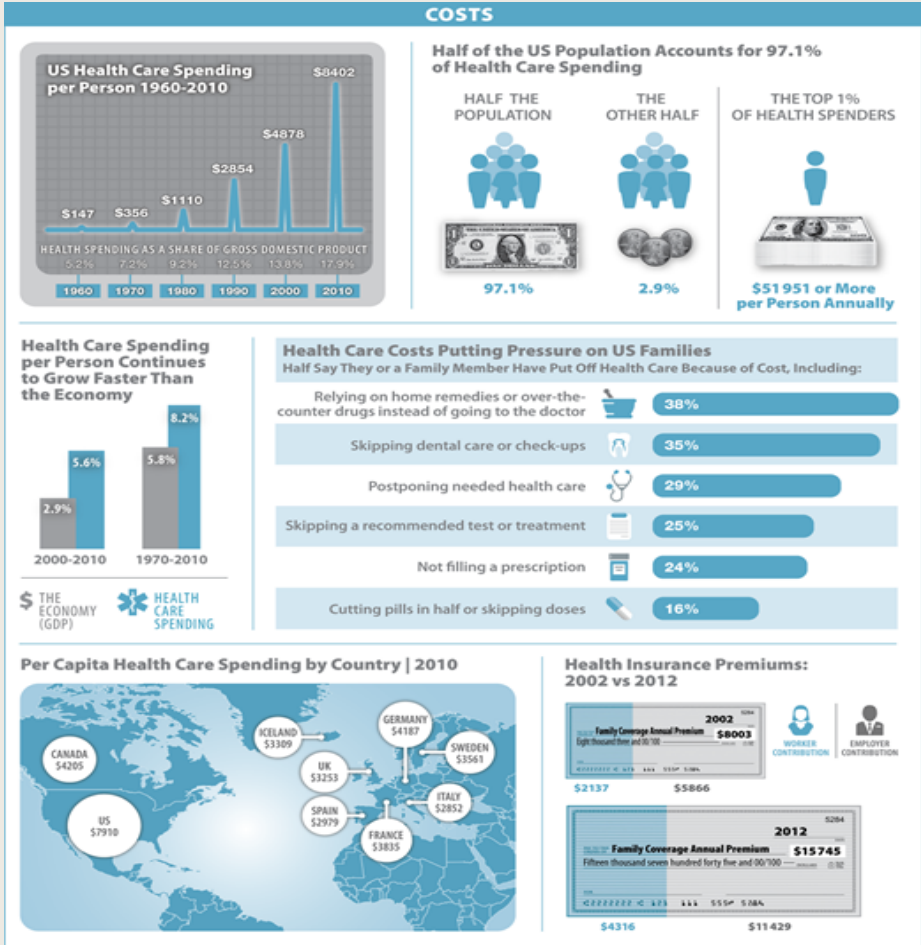
- **Rising costs**
 - Over \$2 trillion spent on health care annually
- **Poor outcomes**
 - Ranks lower than other industrialized countries
- **Limited access**
 - Insurance depends on employment, income; 47 million uninsured
- **Individual focus**
 - Focus on individual behavior and personal responsibility
- **Downstream focus**
 - More spent on emergency care than preventative
- **Emphasis on genetic medicine**
 - Does not address social determinants of health
- **Prioritizes technological innovation**
 - Equitable distribution of existing resources proven more significant in reducing disparities



The Costs of Health Care



The Costs of Health Care



Source: Kaiser Family Foundation (<http://www.kff.org>) analysis.

WHO Health System Rankings by Country



- | | | |
|--------------|-------------------------|---------------|
| 1 France | 16 Luxembourg | 31 Finland |
| 2 Italy | 17 Netherlands | 32 Australia |
| 3 San Marino | 18 United Kingdom | 33 Chile |
| 4 Andorra | 19 Ireland | 34 Denmark |
| 5 Malta | 20 Switzerland | 35 Dominica |
| 6 Singapore | 21 Belgium | 36 Costa Rica |
| 7 Spain | 22 Colombia | 37 USA |
| 8 Oman | 23 Sweden | 38 Slovenia |
| 9 Austria | 24 Cyprus | 39 Cuba |
| 10 Japan | 25 Germany | |
| 11 Norway | 26 Saudi Arabia | |
| 12 Portugal | 27 United Arab Emirates | |
| 13 Monaco | 28 Israel | |
| 14 Greece | 29 Morocco | |
| 15 Iceland | 30 Canada | |

Determinants of Health



- Socioeconomic status, employment, job security
- Social environment, safety
- Natural environment (toxicity, pollution, space)
- Physical, built environment
- Relationships with friends and family (social networks and support)
- Shared beliefs and practices (culture, religion, national origin)
- Education (and parent's education)
- Homeownership, housing
- Transportation
- Access to appropriate health services
- Genetics and biology
- Individual behaviors



Social Determinants of Health

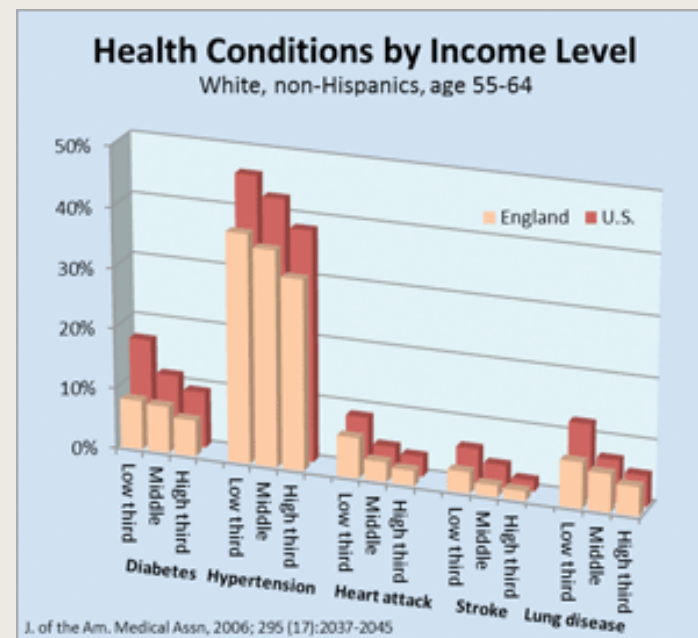
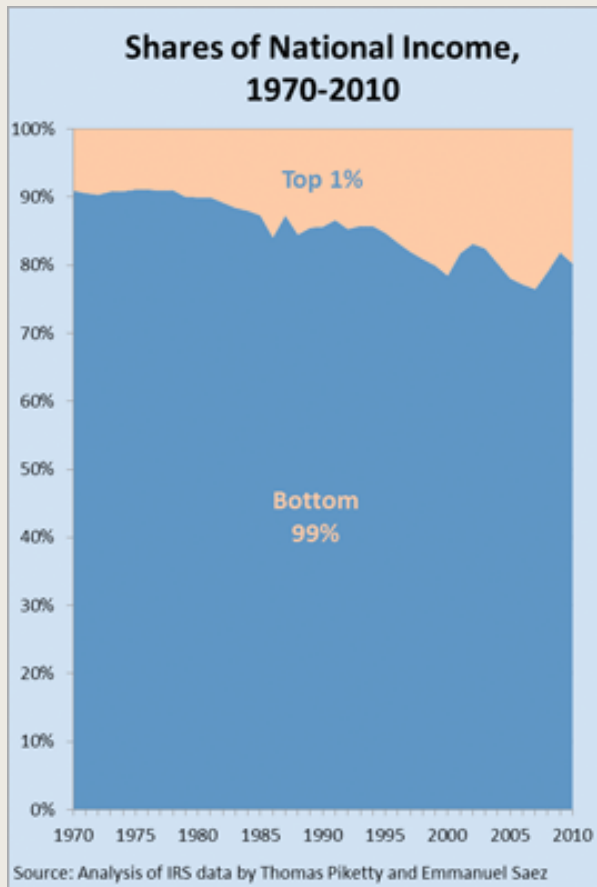


“Social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. The circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.”

--World Health Organization (2013)

- Social inequalities are health inequalities.
- Poor health outcomes are more often due to social and physical experience than genetic inheritance.

Wealth and Health



Health Inequality: The Facts



- **Access to healthcare is not the primary determinant of health**
 - Disparities exist between groups with equal access to healthcare
- **Health outcomes directly correlate to SES at every level of society**
 - High rates of disease and premature death among low and middle SES
- **People of color have worse health outcomes, even when measurements control for SES**
 - Social experience, marginalization, perceived discrimination, chronic stress
- **Excess death occurs in specific geographic locations**
 - Neighborhood resources influence health outcomes
- **Unhealthy behaviors do not account for the health gradient**
 - Smoking, sedentary lifestyle, high blood pressure, and high cholesterol cause higher rates of disease among low SES (consistent with gradient)

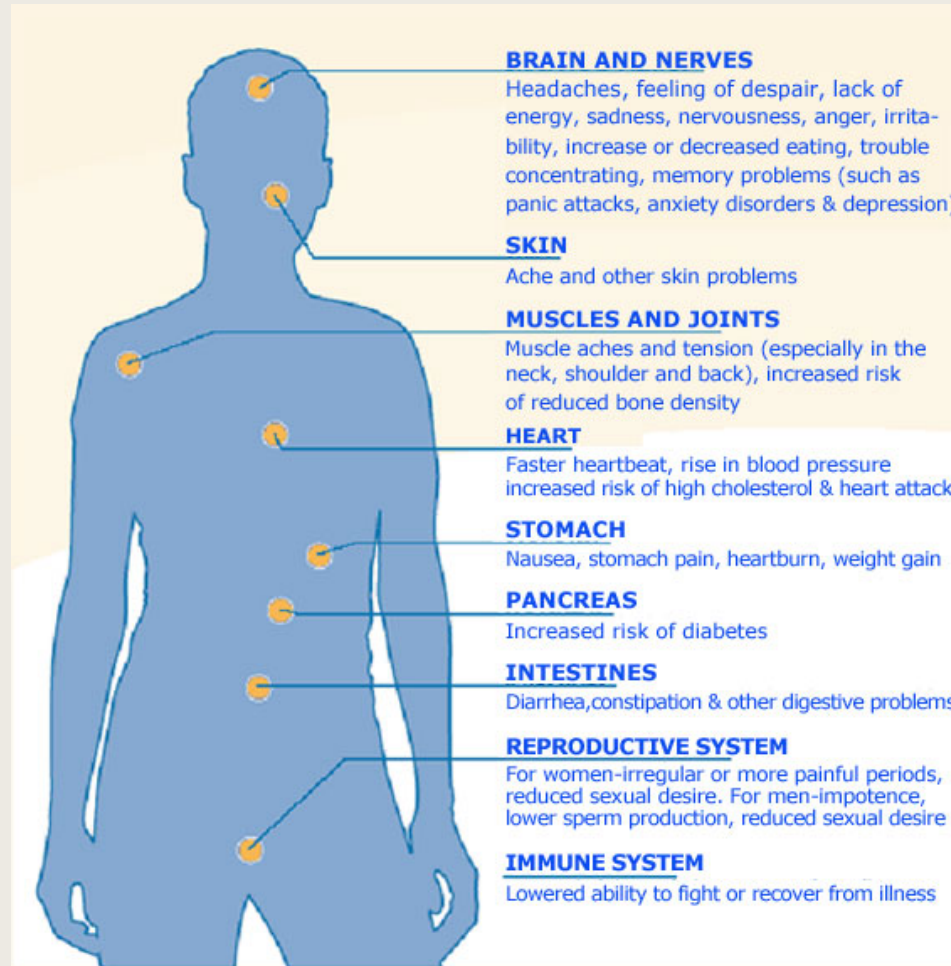
The Significance of Stress



- **Normal stress response**
 - Normal stress response is an evolutionary adaptation for response to danger
 - Stress hormones flood the body: adrenaline, cortisol
 - Heart rate and blood pressure rise, respiration quickens, immune response is triggered
 - Spikes, then shuts off
- **Chronic stress**
 - Allostatic load: overburdened stress response
 - Immune response compromised
 - Elevated hormone levels
- **Health consequences of chronic stress**
 - Mental health: anxiety, aggression, isolation, depression
 - Heart disease and heart attack
 - High blood pressure
 - Memory loss
 - Nerves atrophy
 - Inability to process insulin, glucose; diabetes
 - Accelerated aging
 - Weight gain
 - Lack of sleep
 - Coping: overeating, alcohol, drugs, cigarettes



Health Consequences of Chronic Stress



Chronic Stressors



- **Stress and social status**
 - Control over life circumstances
 - Perception of social standing
 - Persistent social and economic concerns
- **Socioeconomic status**
 - Daily pressures and demands
 - Less options for life choices
 - Economic concerns, lack of resources, job insecurity
 - Health concerns
 - Environment, toxins
- **Race as an indicator of social experience**
 - Not a genetic descriptor
 - Social construct
 - Proxy for social experience, social circumstance
 - Discrimination and perceived discrimination, chronic stressors

Dismantling the Myths



- **Myth #1**

Health disparities occur naturally because of genetic differences.

- Genetic difference does not account for inequalities in population health.
- Risk of interpreting social differences as biological differences. Leads to stereotyping, assumption of genetic difference between races, social classes. More genetic variation within a race than between races.
- Health inequalities are associated with social inequalities and environment.
- Overemphasis on genetics removes the focus from changeable factors that more consistently influence health.

Dismantling the Myths



- **Myth #2**

Some groups of people have worse health outcomes than others because they make unhealthy choices.

- Disparities persist even when controlling for unhealthy behaviors (i.e. diet, sedentary lifestyle, smoking.)
- Health risks associated with unhealthy behaviors are greater for people with lower SES and social status.
- Options determine choices. Without information, time, and supportive resources, healthy choices are less accessible in some environments.

Dismantling the Myths



- Myth #3

Health disparities are unfortunate, but not unjust. Life isn't fair. No matter what we do, there will always be hierarchies in society.

- Social reforms that reduce social inequalities have been proven to decrease disparities in health.
- The United States has the largest health inequalities. More equitable societies have fewer disparities.
- Hierarchies of class and race are created and sustained in personal interactions and public policy.
- Understanding health inequality as a result of social inequality allows us to develop policies that address both.

Ten Things to Know About Health



1. Health is more than health care.
2. Health is tied to the distribution of resources.
3. Racism imposes an added health burden.
4. The choices we make are shaped by the options we have.
5. High demand + low control = chronic stress.
6. Chronic stress can be toxic.
7. Inequality—economic and political—is bad for our health.
8. Social policy *is* health policy.
9. Health inequalities are not natural.
10. We all pay the price for poor health.



Strategies for Community Assessment



RESOURCES		STRESSORS
	Food Access and Availability	
	Quality Education	
	Good Transportation / Planning	
	Good Jobs and Work Opportunities	
	Business Investment and Development	
	Income and Wealth	
	Social Supports	
	Public Safety	
	Green Spaces	
	Recreational Opportunities	

Policies to Address Health Disparities



- **Promote understanding of social determinants of health.**
 - Design and support policies that address social inequality
- **Improve income and reduce wealth inequalities.**
 - Livable wage, income supports, job training, layoff protections, organized labor
- **Improve the physical and built environment.**
 - Affordable housing, zoning laws, green space, remove toxic hazards, traffic safety
- **Advocate racial justice.**
 - Integrated neighborhoods, anti-discrimination laws, resources, legal justice
- **Establish better working conditions.**
 - Job autonomy, flexible hours, sick leave, participatory management
- **Improve conditions for children.**
 - Quality schooling, nutrition, family planning, supports for parents

Policies to Address Health Disparities



- **Promote social inclusion.**
 - Democratic decision-making, community organization, civic engagement
- **Improve education.**
 - Small class size, access, quality, support special needs, universal preschool, school meals, physical activity
- **Improve food security and quality.**
 - Safety standards, limit fast food and alcohol outlets, food stamps, sustainable agriculture, labels, marketing
- **Improve public and sustainable transportation.**
 - Public transit, car share, sidewalks, bike lanes, zoning restrictions
- **Conduct health impact assessments.**
 - Evaluate proposed developments and policy initiatives on population health
- **Universal health care.**
 - Culturally appropriate, accessible, quality treatment for all

Thank you!



Questions? Comments?

