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Targeting Root Causes to Address Inequities and Improve Health: Implications for Health Reform

At national and state levels, there is much lively debate on health reform, with a goal of improving the health care system, as well as the overall health of individuals and communities. Many efforts also are underway in communities and states to create healthier environments and enable healthier individuals.

‘Where you live is probably a bigger determinant of your health than whether you have health insurance. People who live in West Oakland, for example, can expect to live on average 10 years less than those who live in the Berkeley Hills.’

—Health Inequities in the Bay Area, 2008

Yet, even with all these efforts, there is an undercurrent of inequity that leaves people of color and those with lower income and less education at a significant disadvantage. Health inequities are unfair, avoidable, systematic differences in health status, morbidity and mortality rates, distribution of disease, and illness rates across population groups.¹ A lack of access to healthy environments results in greater disparities in health and poorer overall health status for these groups. This brief seeks to identify upstream solutions that address the underlying causes of these inequities and resulting disparities in health. It is not possible to develop a comprehensive plan for health reform without serious consideration of the role played by the larger social context and the inequities implicit within it.

Identifying the Key Factors Underlying Inequities

Demographics Health among adults is tied closely to socioeconomic status (SES)² and race/ethnicity. Results of a 2007 survey of U.S. adults ages 25 to 74 showed that 25 percent live in poor or near-poor households,³ 44 percent have no schooling beyond high school, and about one-third were a member of a racial or ethnic minority group.⁴ California is even more diverse than the U.S. overall, as more than 55 percent of the population is Hispanic, Asian, or non-Hispanic black.⁵ Much of the burden of inequities is borne by African American and Native American populations, which have the poorest health status overall.⁶

Access to health services and healthy environments While access to health care services is an important determinant of health, it is not the most important one. In fact, only “10 to 15 percent of preventable mortality has been attributed to medical care.”⁷ Within communities, environmental factors such as safe and affordable housing and transportation, good air quality, fresh and nutritious food, and safe and accessible green space/recreational areas are increasingly being recognized as vital to good health. Yet, people with lower SES and people of color are disproportionately represented in neighborhoods with unsafe and unaffordable housing and transit, fast food outlets and liquor stores, pollution, and limited parks and green

Figure 1: Community Characteristics Link to Health Status

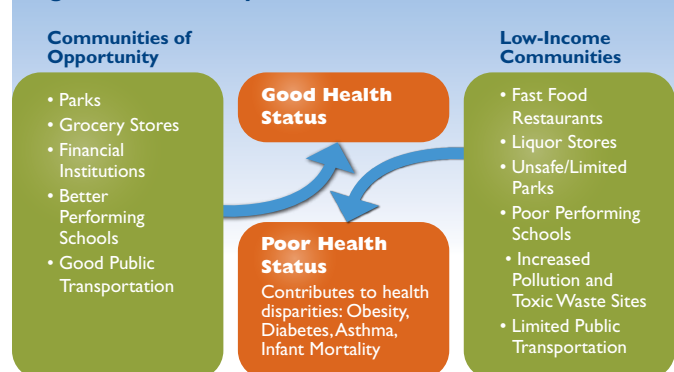
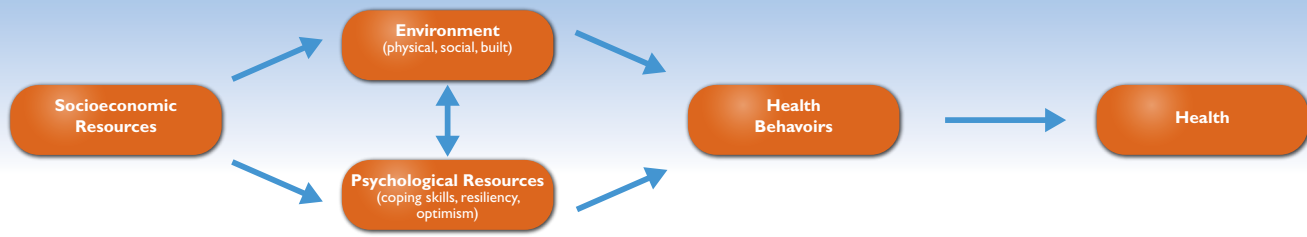


Figure courtesy of PolicyLink

Figure 2: Resources and Behaviors Impact Health



space (see Figure 1). Research studies have documented the adverse health effects of these community conditions and the resulting stress from living in these environments.⁸ Further, advocates are increasingly using these research findings to influence policymakers to address the root causes of inequities. In this context, consideration of access becomes not just a discussion of available health care resources, but also one of community support. To truly improve health outcomes, it is necessary to improve both access to health care and access to the neighborhood conditions and life opportunities that support healthy choices and good health.

Many important social inequities do not function independently, and their impacts are felt across generations. Californians who are poor, undereducated, and living in racially and economically segregated neighborhoods pay a steep cost, living less healthy lives and experiencing premature death. Life expectancy varies by educational attainment, for example, with college graduates in the U.S. expected to live five years longer than persons not completing high school.⁹ Enormous social and economic costs are borne by communities, as local and state governments attempt to remediate the long-term damage resulting from cycles of inequities. These costs are due to higher crime rates, incarceration, unemployment, demand for welfare services, emergency room utilization, and hospitalization.

Personal and Community Resources Health care providers, educators, and public health agencies all encourage us to take responsibility for our own health and make the individual behavior changes in smoking, diet, and physical activity that will prevent chronic illness and obesity. However, there is now also increasing attention to the many ways in which community environments, resources, and supports can empower people, by making the healthy choice the easy choice. Many planners and developers of community programs are now working to establish infrastructures that support, for example, the availability of affordable,

nutritious food in lower-income communities. This empowers individuals to make healthier choices in an environment where choice is truly an option. The inter-relationships among resources, behaviors, and health are depicted in Figure 2.¹⁰ Thus, there is the need to recognize and cultivate a balance between personal and community responsibility.

Achieving Health Equity

Health equity is defined as the “absence of systematic disparities in health based on social advantage or disadvantage.”¹¹ The literature on the social determinants of population health offers some promising approaches to reducing inequities and resulting health disparities, and to improving health. These fundamentals can set the stage for action in California and across the nation.

- **Health does not equal health care.**¹² It is easy to assume that health and longevity are greatly affected by health care, and in some cases this is true. However, the reality is that health care’s influence overall is relatively small; much more powerful are social and economic conditions that are largely determined by government in its social and economic policies. Thus, most social policies are directly and indirectly health policies, including policies and funding formulae for education, transportation, employment, housing, air and water quality, and land use.
- **Prevention pays.**¹³ Interventions outside the health care sector will have relatively greater impact on the occurrence of illness in the first place, whereas health care policies, especially those directed at early detection and stopping progression of illness, will affect disparities in the severity of illness and outcomes.
- **Childhood is a critical developmental period.** While being socially disadvantaged is damaging at any stage of life and

References

- 1 *Tackling Health Inequities Through Public Health Practice: A Handbook for Action*, National Association of County & City Health Officials, 2006.
- 2 SES components typically include household income, educational attainment, and occupational status.
- 3 Defined as below 200 percent of the federal poverty level (FPL).
- 4 *Reaching America’s Health Potential Among Adults: A State-by-State Look at Adult Health and Adult Health Status: A Snapshot of California*, Robert Wood Johnson Foundation, 2009.
- 5 *The Landscape of Opportunity: Cultivating Health Equity in California*, California Pan-Ethnic Health Network, June 2009.
- 6 *Health Inequities in the Bay Area*, Bay Area Regional Health Inequities Initiative (BAR-HI), April 2008.
- 7 *Beyond Health Care: New Directions to a Healthier America*, Robert Wood Johnson Foundation, April 2009, p. 10.
- 8 *Reaching for a Healthier Life: Facts on Socioeconomic Status and Health in the U.S.*

its effects endure over time, it is especially harmful when experienced during one's early years.¹⁴ Thus, other things being equal, when considering interventions targeting larger social determinants of health, priority should be given to policies that influence the lives of infants and children.

- **Policies directed to structural changes in society and systems are needed along with interventions targeted at personal behavior.**¹⁵ Although individual behavior is important, one's ability to engage in healthy behaviors is greatly affected by the social and physical environment in which one works and lives. Policies are needed to address inequities in the social and environmental resources required to make healthy choices. In the example of tobacco cessation, the most effective strategies coupled education and treatment at the individual level with policy changes such as price increases, tobacco-free environments, and media campaigns to change social norms.

Policy Principles

The following policy principles provide guidance and context for how policymakers can best address the root causes of health inequities.¹⁶

- 1. Embrace the concept of health in all policy.** To acknowledge the pervasive importance of health in policy development requires collaboration across various sectors, as well as multi-disciplinary approaches within the health sector. This concept introduces better health as a shared goal and allows the key determinants of health to be addressed in a more systematic manner. Because agriculture, transportation, education, housing, land use, and economic policies all potentially influence population health, it is imperative to use health impact assessments to provide policymakers with the information they need to consider health in all policies.
- 2. Provide funding to encourage and support work across multiple sectors and disciplines;** this is essential for needed structural changes.
- 3. Measure and monitor the impact of social policies on health,** including monitoring health status by subgroups (race/ethnicity, income, education) and geographic location to identify opportunities for interventions to improve health. Hold governments accountable for implementing effective policies and ensuring gains in equity.

'We will not see widespread reduction of premature death and disease if we do not go after the root causes. Housing policy, education policy, labor regulations, and zoning, to name only a few, are critical.'

—Reaching for a Healthier Life, 2007

- 4. Give voice to groups that are the most impacted by social and health inequities** through meaningful participation in identifying policies that will be effective.
- 5. Develop policies that will reduce stress on individuals and families and interventions to help individuals cope better with stress,** since stressful experiences and environments increase people's vulnerability to a range of diseases.
- 6. Strengthen the social fabric of neighborhoods by connecting and supporting residents** so they hold power to assure the safety and well-being of their families, and so that all residents have a sense of belonging, dignity, and hope.

Policy Recommendations

A policy agenda that targets inequities requires both improvements in social factors that support good health and buffering or removal of factors that lead to poor health. Strategically designed social and economic policies such as those presented in the report *Reaching for a Healthier Life: Facts on Socioeconomic Status and Health in the U.S.* that increase equity and opportunity in education, employment, housing, and several other critical domains, will reduce costs to individuals, communities, and government agencies.

9 *Beyond Health Care: New Directions to a Healthier America.*

10 *Reaching for a Healthier Life: Facts on Socioeconomic Status and Health in the U.S.*

11 *Healthy, Wealthy and Wise? Examining the Impact of Socioeconomic Status on Health,* National Health Policy Forum, 2008.

12 "Ten Things to Know About Health," *Unnatural Causes: Is Inequality Making us Sick?* California Newsreel, 2008.

13 *A Time of Opportunity: Local Solutions to Reduce Inequities in Health and Safety,* Institute of Medicine Roundtable on Health Disparities, May 2009.

14 *Life and Death From Unnatural Causes: Health & Social Inequity in Alameda County,* Alameda County Public Health Department, September 2008.

15 *Ibid.*

16 *Ibid.*

In the context of intense discussion of health reform at the national level and a budget crisis in the state of California, it is a critical time for policymakers to implement solutions that address the root causes of health inequities. Adopting these recommendations at the community, state, and national levels will enhance the effectiveness of reform efforts by creating healthier individuals, environments, and communities. The following specific policy recommendations focus on ways to reduce inequities and improve health in communities and are made in the context of the policy principles listed above, particularly the first one: “Embrace the concept of health in all policies.”

1. Support healthy behaviors through increased opportunities to engage in physical activity and to access healthy foods. Because physical activity is key to preventing disease and promoting health, policies are needed to encourage physical activity for students in school and facilitate after-hour use of school grounds and gyms to improve community access to physical activity facilities. Zoning laws and general plans should be developed to improve the safety of parks, walking paths, and other recreational facilities in high-crime and low-income communities. In addition, support should be provided to ensure access to healthy foods in all communities, through development of grocery stores in low-income communities, incentives for existing stores to offer more healthy food options, especially fresh produce, as well as incentives for alternate venues, such as farmers’ markets and community or school-based produce stands.

2. Improve housing options. High-quality, affordable, stable housing located close to resources leads to reduced exposure to toxins and stress, stronger relationships and

willingness to act collectively among neighbors, greater economic security for families, and increased access to services (including health care) and resources (such as parks and supermarkets) that influence health. Policies should be implemented that support transit-oriented development, along with incentives for mixed-use and mixed-income development. Affordable housing should be protected (e.g., via rent control laws), along with funding for emergency housing assistance.

3. Improve transit options by providing incentives for use of mass transit and non-motorized vehicle transportation.

Designing streets that are safe and accessible for all users (i.e., complete streets) will encourage walking and bicycling. Enhancing the safety, accessibility, and affordability of mass transit is also essential. Increased use of these types of transit will decrease air pollution and increase physical activity, which will lead to healthier individuals and communities.

4. Improve air, water, and soil quality, since environmental toxins adversely affect health. A healthier environment can be achieved by reducing exposure to diesel particulates by prohibiting diesel trucks in residential neighborhoods, enforcing the no-idling law near schools, requiring the use of clean technology in new ships and trucks, reducing emissions in existing fleets, and implementing existing state and federal emissions regulations. Monitoring the impacts of trucking and shipping activities should be expanded among low-income and vulnerable populations. Input from public health professionals on the impact of air pollution should also be incorporated in local land use and development decisions, using such tools as health impact assessments during planning phases.



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