



A Deep Dive into Fundamental Causes and Social Determinants of Health Disparities: Call for a Multi-Disciplinary Approach

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Health Equity and Health Disparities Speaker Series

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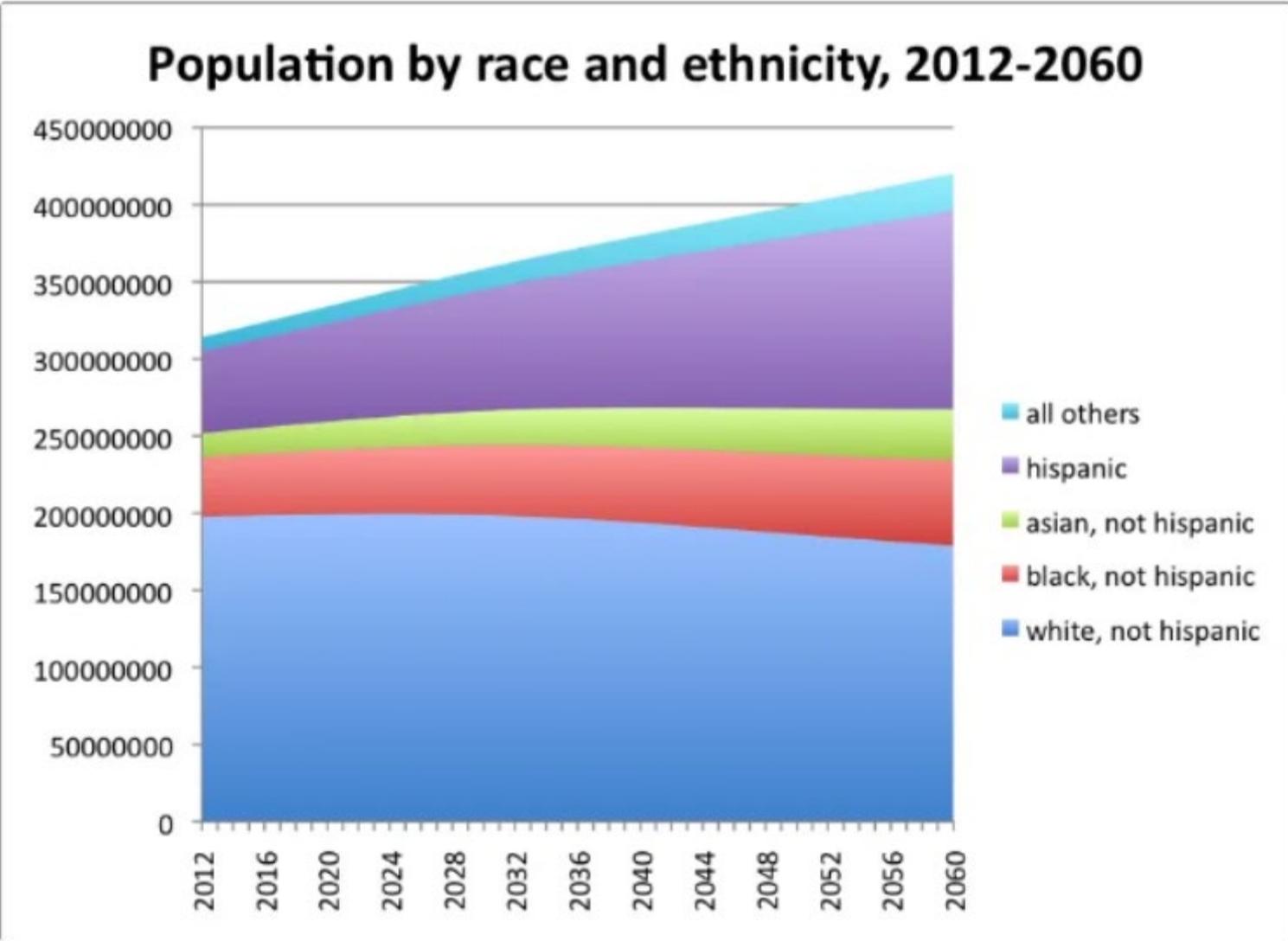
School of Health Sciences, Human Services and Nursing - Lehman College

Who are Health Disparity Populations?

Populations with disparities in the incidence and prevalence of health conditions and health status

Health disparity populations include racial/ethnic minorities, low socioeconomic status, rural , sexual and gender minorities, and/or others subject to discrimination who have poorer health outcomes often attributed to being socially disadvantaged, which results in being underserved in the full spectrum of health care

- The OMB Directive 15 defines racial and ethnic category as follows:
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic/Latino American
 - Native Hawaiian or Other Pacific Islander



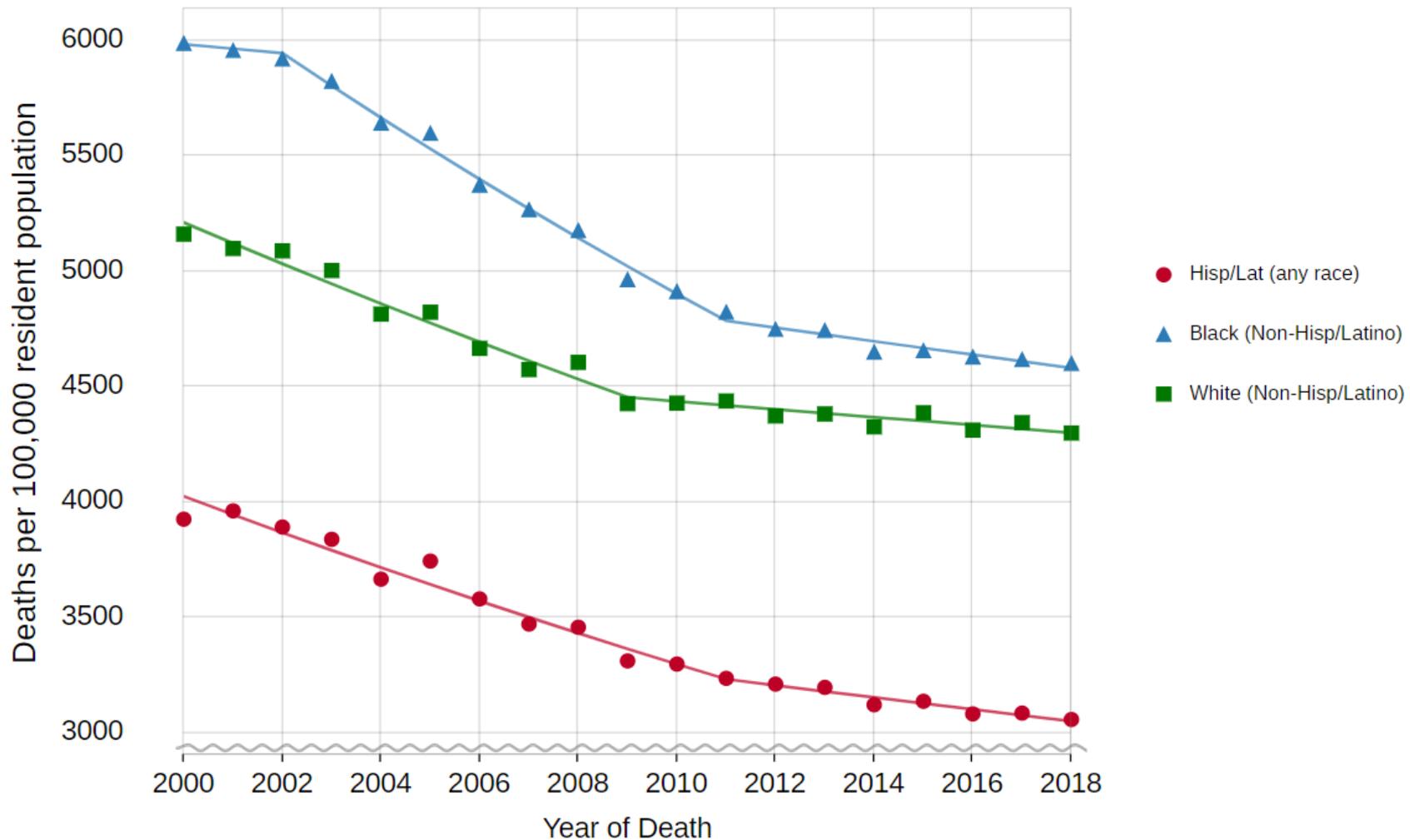
Source: Yahoo News, December 12, 2020. [U.S. will have a majority-minority population by 2043, Census predicts \(yahoo.com\)](https://www.yahoo.com/news/u-s-will-have-majority-minority-population-by-2043-census-predicts-12122020-12122020.html)

Historical Trends

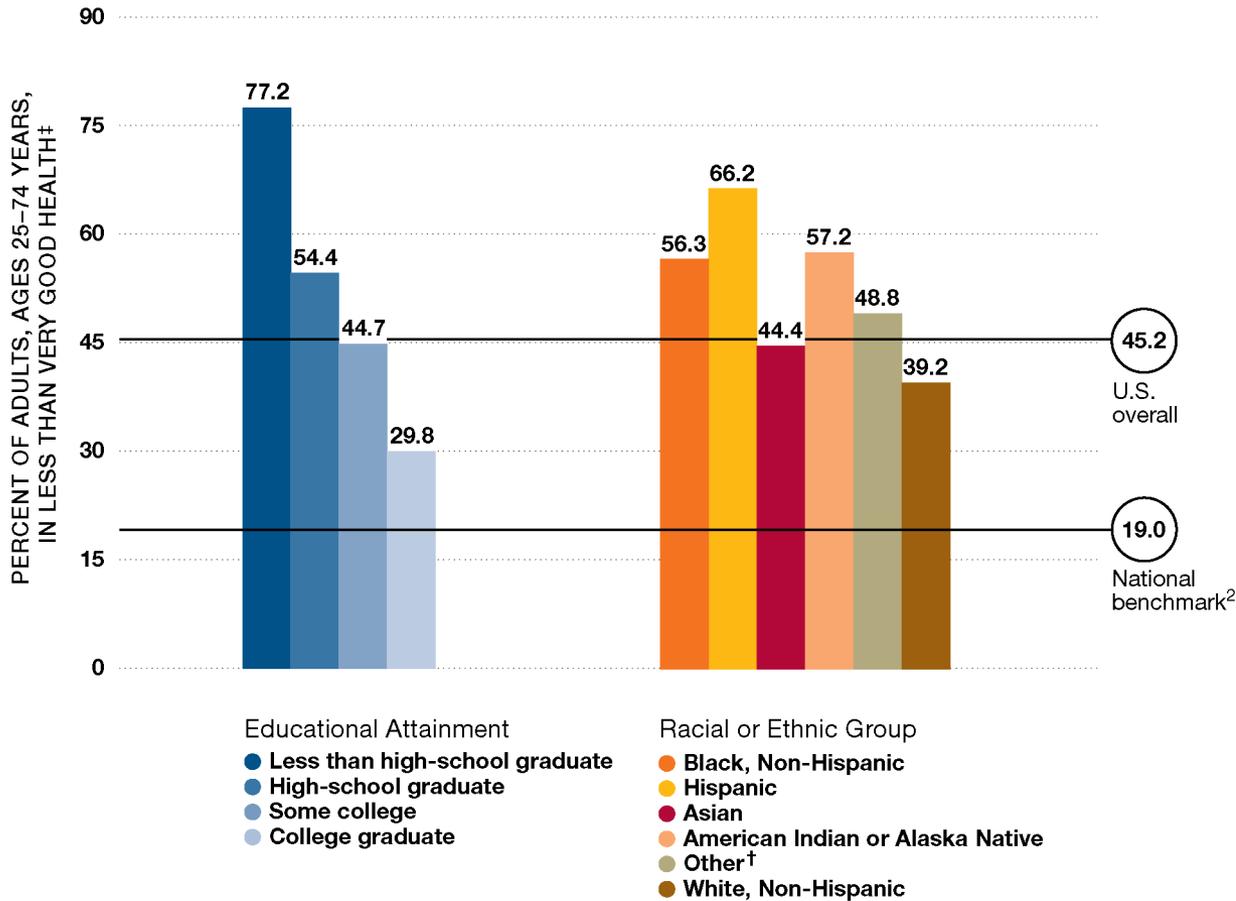
Mortality, United States

All Causes of Death, Both Sexes

Ages 65+



UNITED STATES: Gaps in Adult Health Status



In the United States overall, adult health status¹ varies by level of educational attainment and racial or ethnic group.

- Compared with college graduates, adults who have not graduated from high school are more than 2.5 times as likely—and those who have graduated from high school are nearly twice as likely—to be in less than very good health.
- Non-Hispanic white adults fare better than any other racial or ethnic group.

Comparing these rates against the national benchmark² for adult health status reveals that, at every education level and in every racial or ethnic group, adults in this country are not as healthy as they could be.

Prepared for the RWJF Commission to Build a Healthier America by the Center on Social Disparities in Health at the University of California, San Francisco.

Source: 2005-2007 Behavioral Risk Factor Surveillance System Survey Data.

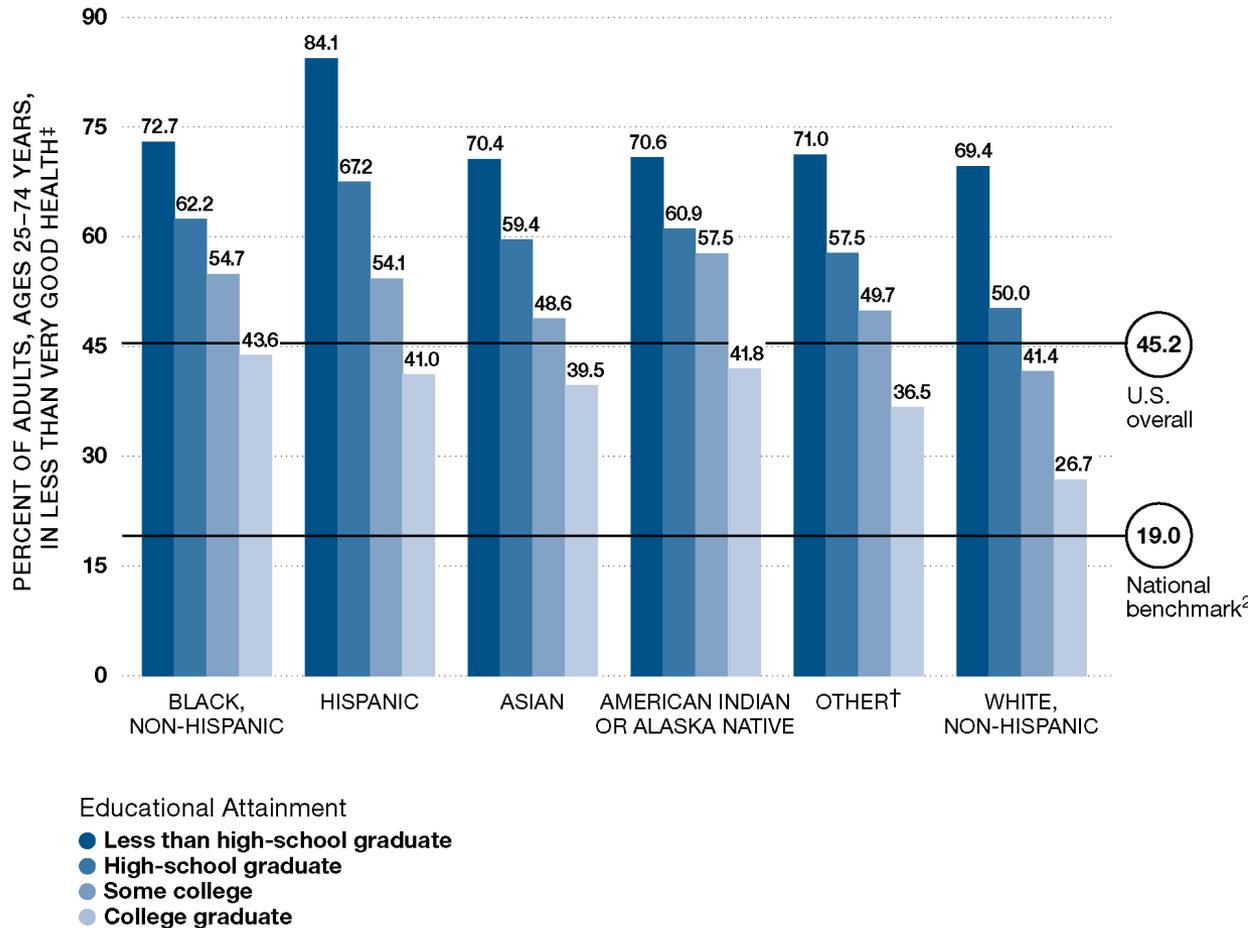
1 Based on self-report and measured as poor, fair, good, very good or excellent.

2 The national benchmark for adult health status represents the level of health that should be attainable for all adults in every state. The benchmark used here—19.0 percent of adults in less than very good health, seen in Vermont—is the lowest statistically reliable rate observed in any state among college graduates who were non-smokers with leisure-time physical exercise. Rates with relative standard errors of 30 percent or less were considered to be statistically reliable.

† Defined as any other or more than one racial or ethnic group, including any group with fewer than 3 percent of surveyed adults in the state in 2005-2007.

‡ Age-adjusted.

Education Is Linked With Health Regardless of Racial or Ethnic Group



Differences in adult health status¹ by education do not simply reflect differences by racial or ethnic group; nor do they simply reflect differences between the least-educated and most-educated groups. Both educational attainment and racial or ethnic group matter for a person's health.

- Within each racial or ethnic group, a steep education gradient is evident. Adult health status improves as educational attainment increases. Among non-Hispanic whites, for example, adults who have not graduated from high school, those who have only completed high school and those who have some college education are 2.6, 1.9 and 1.6 times as likely to be in less than very good health as college graduates.
- At nearly every level of education, non-Hispanic white adults fare better than adults in any other racial or ethnic group.

Health shortfalls are even more dramatic when considering the level of adult health that should be attainable. At every level of education in every racial or ethnic group, the percentage of adults in less than very good health exceeds the national benchmark.²

Prepared for the RWJF Commission to Build a Healthier America by the Center on Social Disparities in Health at the University of California, San Francisco.
Source: 2005-2007 Behavioral Risk Factor Surveillance System Survey Data.

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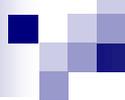
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‡ Age-adjusted.

Fundamental Causes

- Racism and poverty are “fundamental causes” of disparities in health, disease and mortality (Link and Phelan, Social Conditions as Fundamental Causes of Disease, *Journal of Health and Social Behavior*, 1995)
 - Poverty implies deprivation from resources that have a significant negative influence on population health outcomes (defined by the US government and updated annually (U.S. Department of Health and Human Services. “Poverty Guidelines.”)
 - Structural racism is embedded in institutions. Residential segregation by race is the prime example (Massey DS, Denton NA. *American Apartheid: Segregation and the Making of the Underclass*. Cambridge, Massachusetts: Harvard University Press; 1993).
- Racism and poverty become embodied in individuals and are manifested as population health inequities (Krieger N., Methods for the Scientific Study of Discrimination and Health: An Ecosocial Approach *AJPH* 2012)



Structural Racism is a Well-Crafted System of Policies that Functions as Designed

It has been under construction for the entire history of the US

- Throughout the 20th century, federal government policies geographically isolated black Americans from white Americans
 1. Built segregated housing
 2. Redlined neighborhoods where black residents lived and banned use of federally insured loans and mortgages in redlined areas
 3. Cut federal budgets for affordable housing
 4. Never established universal programs (e.g., health coverage, family allowance) like other advanced industrialized countries
- Segregation and race hierarchy undermines potential class solidarity among racial/ethnic groups

Federal Policy of Redlining Neighborhoods

From the 1930s to 1959, the FHA proudly proclaimed that it had financed three out of every five homes purchased in the United States.

All the while, it institutionalized racial residential segregation on a national scale by refusing to insure mortgages for homes in predominantly non-white areas of cities.

- KEVIN FOX GOTHAM. SOCIOLOGICAL PERSPECTIVES, VOL. 43, NO. 2 (SUMMER, 2000), PP. 291-317



Racism in the Post-Civil Rights Era: Residential Segregation

- Neighborhoods segregated by race and income
- Black neighborhoods isolated from public services and thriving commerce to keep them poor
- Schools in isolated neighborhoods underfunded and under-resourced
- Isolated neighborhoods overpoliced

Social Determinants of Health

Domains



Source: Healthy People 2030, Social Determinants of Health. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.

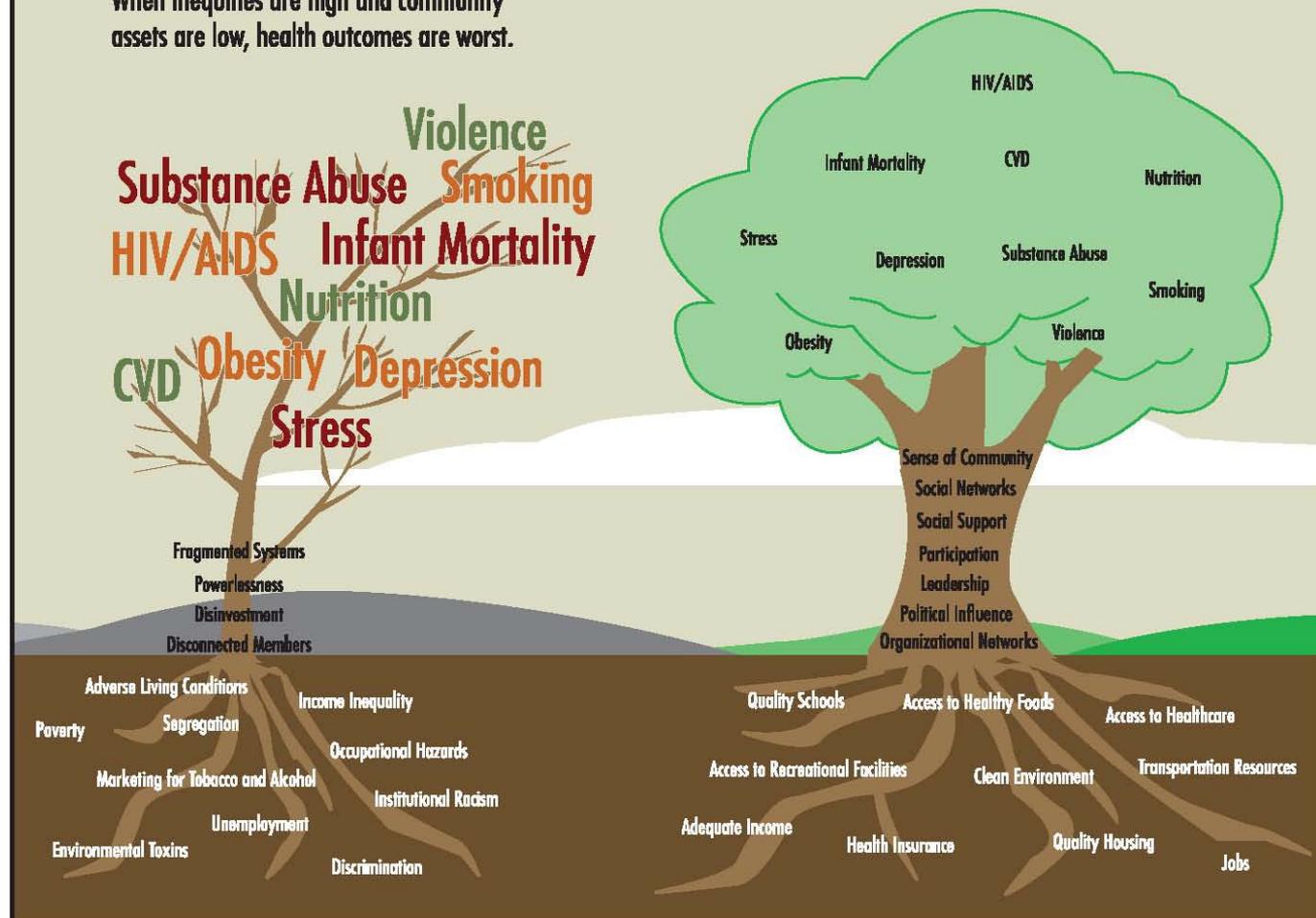
Growing Communities: Social Determinants, Behavior and Health

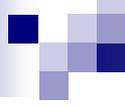
Our environments cultivate our communities and our communities nurture our health.

When inequities are low and community assets are high, health outcomes are better.

When inequities are high and community assets are low, health outcomes are worst.

Social Determinants Nurture or Undermine Community Health

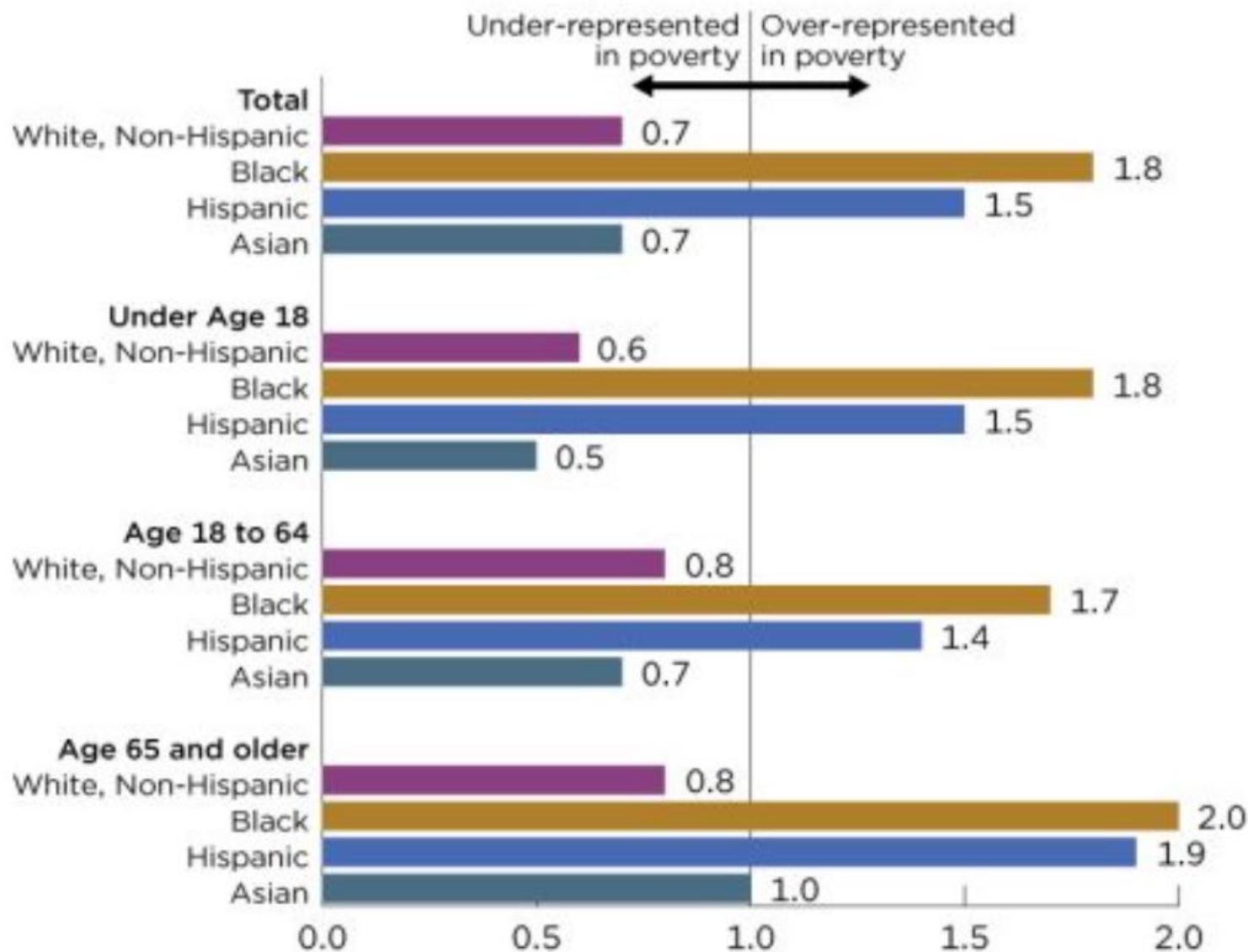




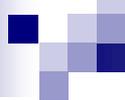
Poverty and Wealth

- Poverty implies inadequate resources
- Wealth is like an umbrella --
an accumulation of savings for a rainy day

Ratio of Proportion in Poverty Relative to Total Population by Race and Age

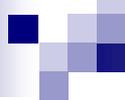


Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2020 (CPS ASEC).



A Closer Look at Wealth

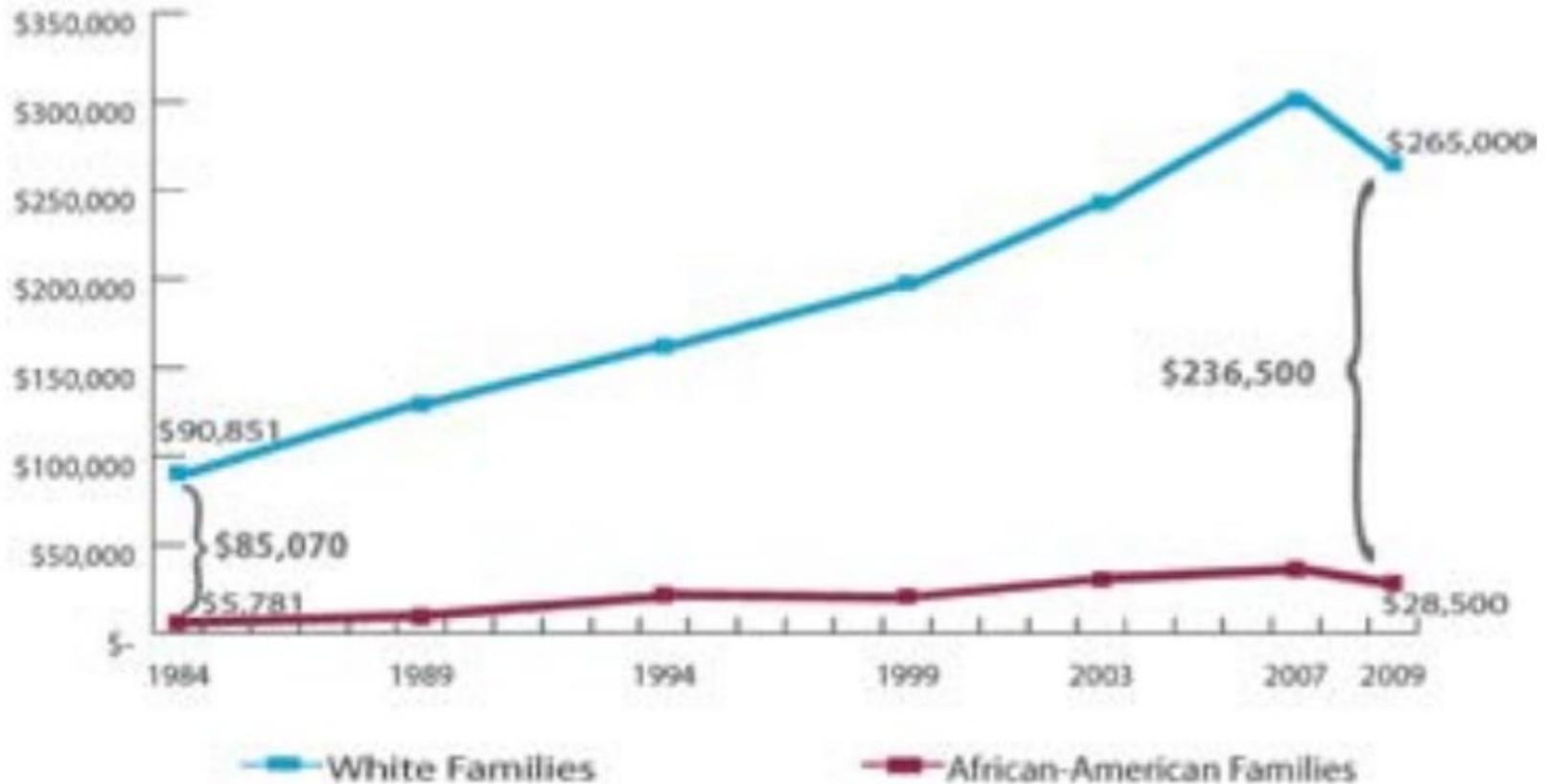
- Wealth is the total value of a family's financial resources minus all debts.
- Qualitative dimension: wealth represents ownership and control of resources for improving life chances and economic security for present and future generations.
- Quantitative dimension: to what extent is there wealth parity among population groups?



It is impossible to overstate the importance of wealth

- Wealth offers choice and power to those who have it
- Wealth is power. An extreme concentration of wealth means an extreme concentration of power
- Taxes are the price we pay for civilization and civilization cannot afford free-riders

Median Net Worth by Race, 1984-2009



Source: Shapiro TM, Meschede T, Sullivan L. *Research and Policy Brief* (May 2010) Brandeis University: Institute on Assets and Social Policy; 2010. The Racial Wealth Gap Increases Fourfold.

The Mortgage Crisis, 2008 - 2010



Homeownership Rates by Race/Ethnicity

Homeownership Rates

	<i>1985</i>	<i>1995</i>	<i>2005</i>	<i>2015</i>
Overall	63.5%	65.0%	68.8%	62.7%
Race				
White	68.3%	71.4%	75.8%	70.8%
Black	43.9%	43.6%	48.5%	42.2%
Asian, Pacific Islander	45.0%	53.2%	61.1%	56.6%
Hispanic	39.6%	41.8%	49.4%	45.4%
Other	44.1%	43.1%	53.8%	49.0%

Source: Goodman and Mayer, Homeownership and the American Dream, *J Econ Persp*, 2018
Data: American Housing Survey, 1985, 1995, 2005, and 2015.

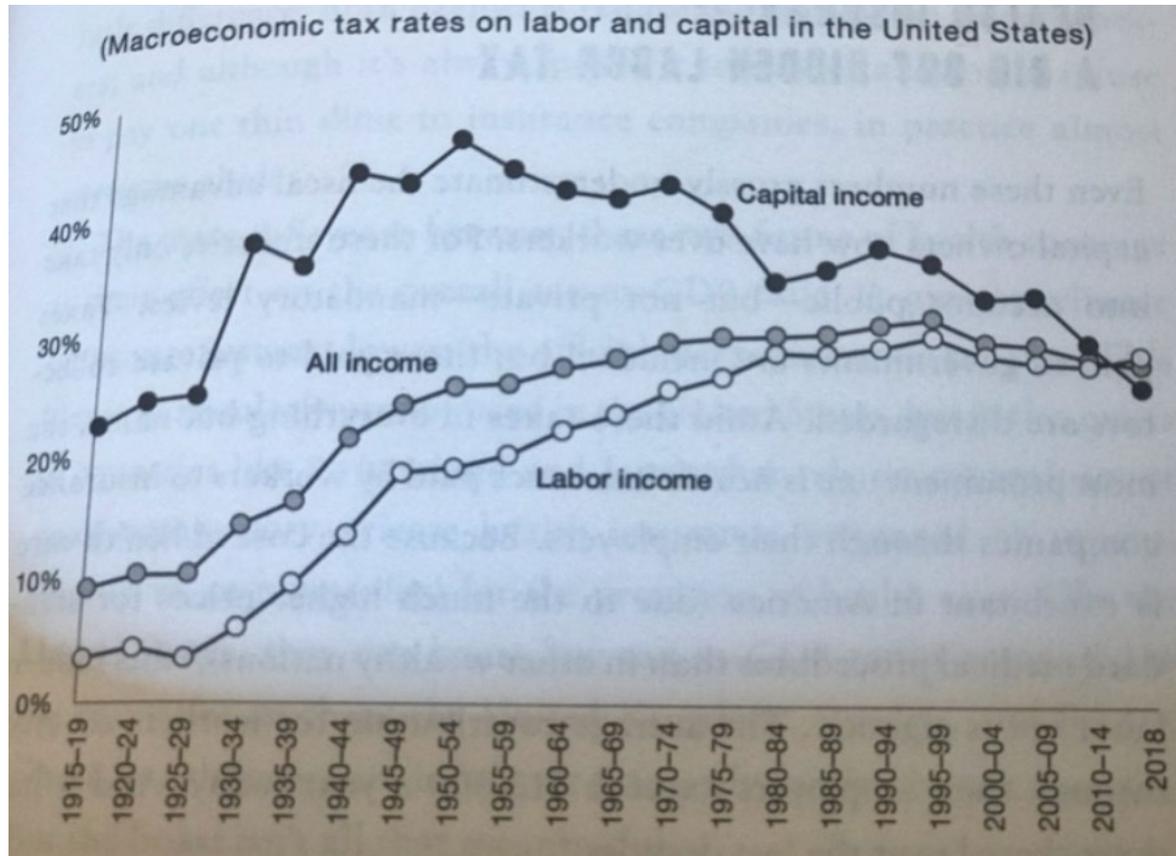
Homeownership Rates by Education

Homeownership Rates

	<i>1985</i>	<i>1995</i>	<i>2005</i>	<i>2015</i>
Overall	63.5%	65.0%	68.8%	62.7%
Education level				
Less than high school	61.0%	58.2%	57.1%	48.6%
High school	63.8%	65.4%	68.2%	60.4%
Some post-secondary	60.9%	67.5%	72.3%	63.9%
College degree or higher	68.1%	71.8%	76.7%	71.4%

Source: Goodman and Mayer, Homeownership and the American Dream, *J Econ Persp*, 2018
Data: American Housing Survey, 1985, 1995, 2005, and 2015.

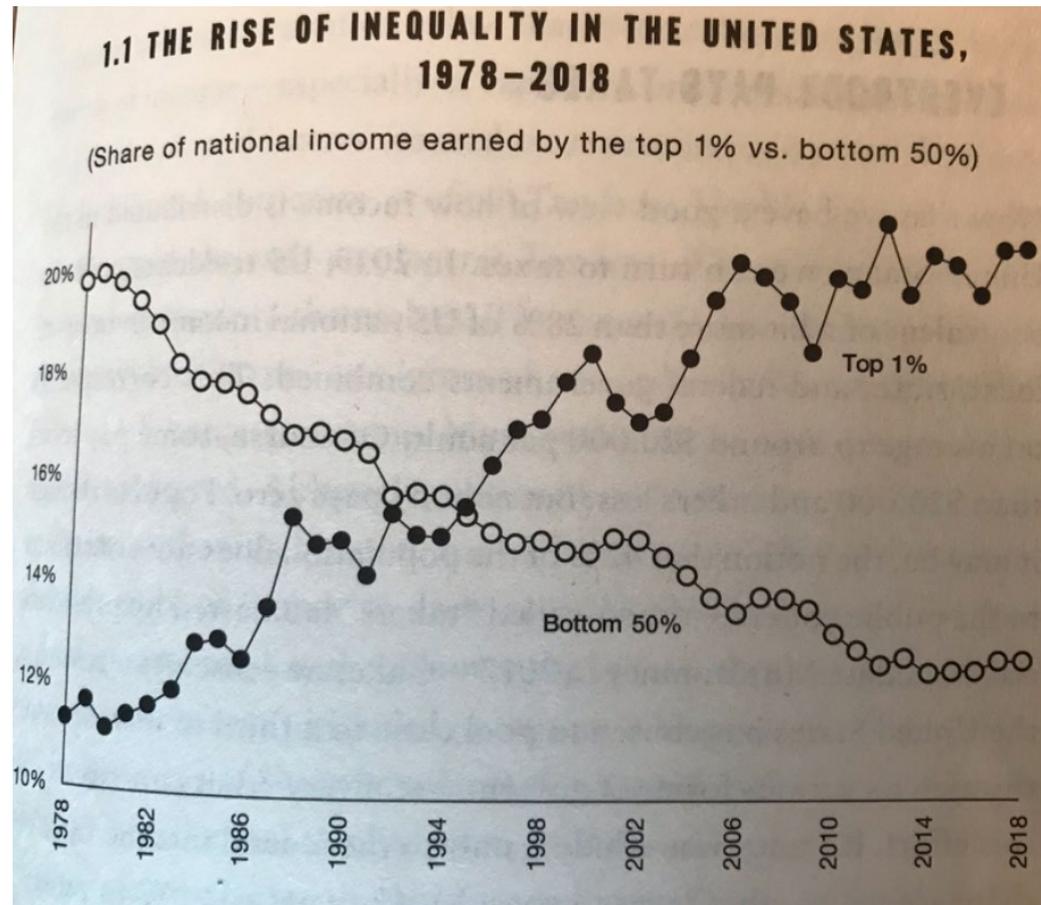
Tax Rates on Labor and Capital 1915-2018



Source: Emmanuel Saez and Gabriel Zucman, Figure 5.1, *The Triumph of Injustice: How The Rich Dodge Taxes and How to Make Them Pay*. Norton & Co, 2020

Between 1978-2018, the income share of the top one percent doubled while the bottom fifty percent fell from 20% to 12%

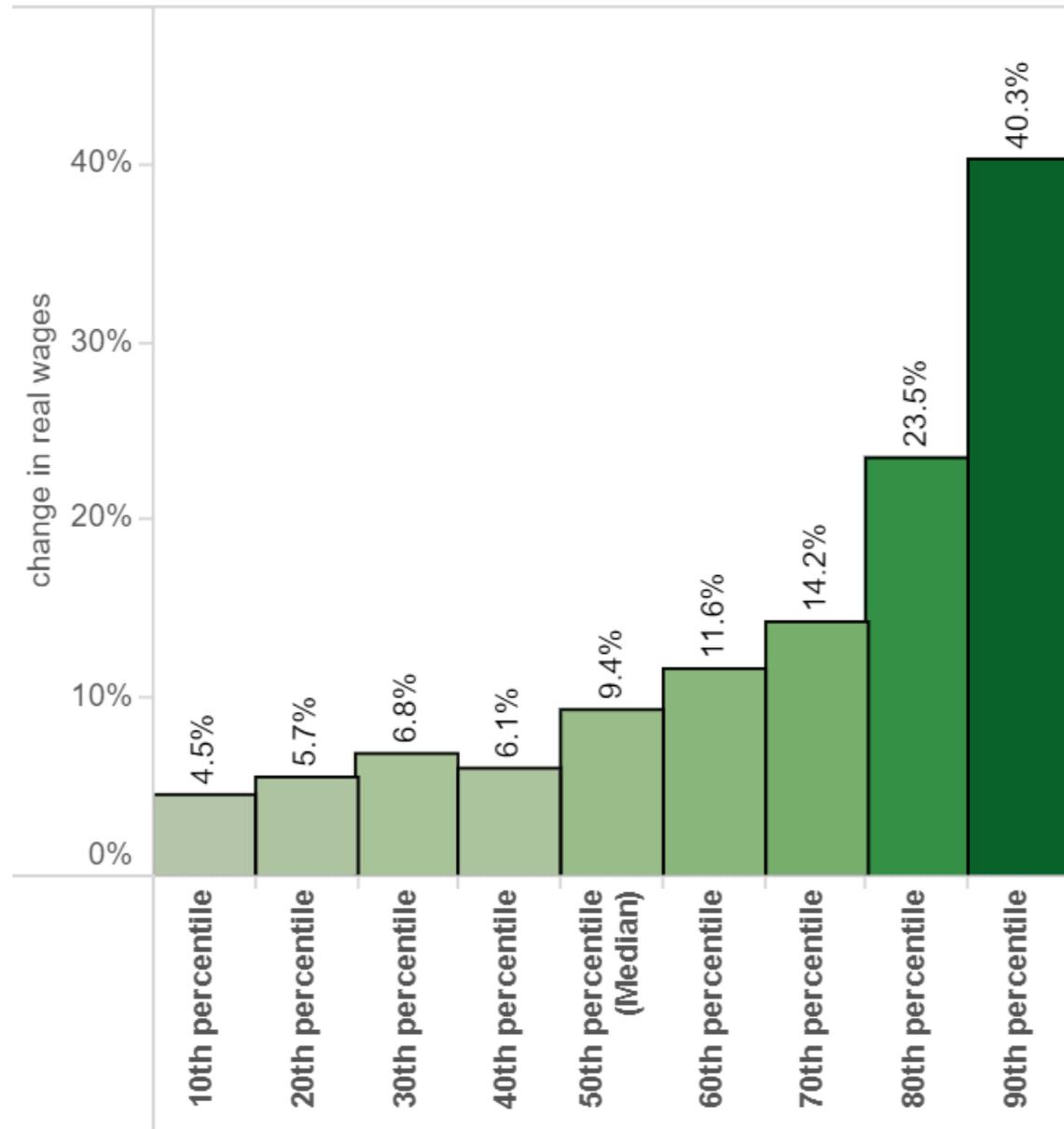
Pre-tax
National
Income:
top 1%
and
bottom
50%



Source: Emmanuel Saez and Gabriel Zucman, *The Triumph of Injustice: How The Rich Dodge Taxes and How to Make Them Pay*. Norton & Co, 2020. Figure 1.1

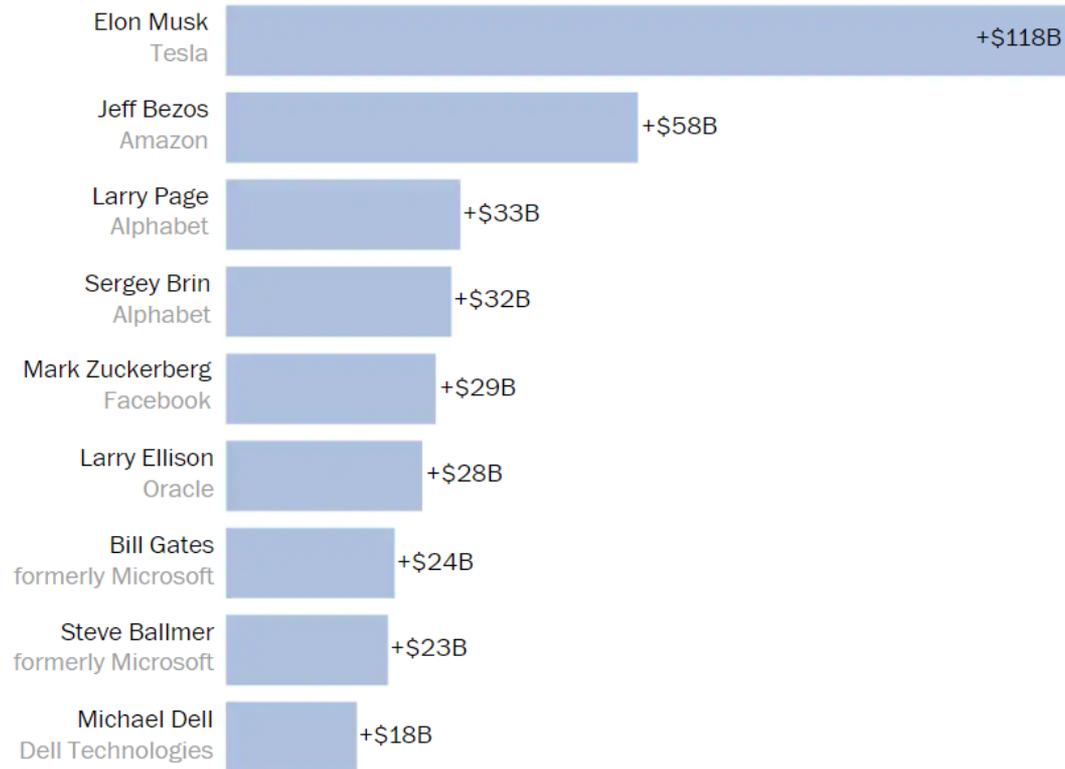
Growth (or Not) in Real Wages all workers, 1979-2017

Colin Gordon,
Working Economics
Blog, Economic
Policy Institute,
posted March 1, 2018



Pandemic Profits

Change in net worth, March 5, 2020, to March 5, 2021



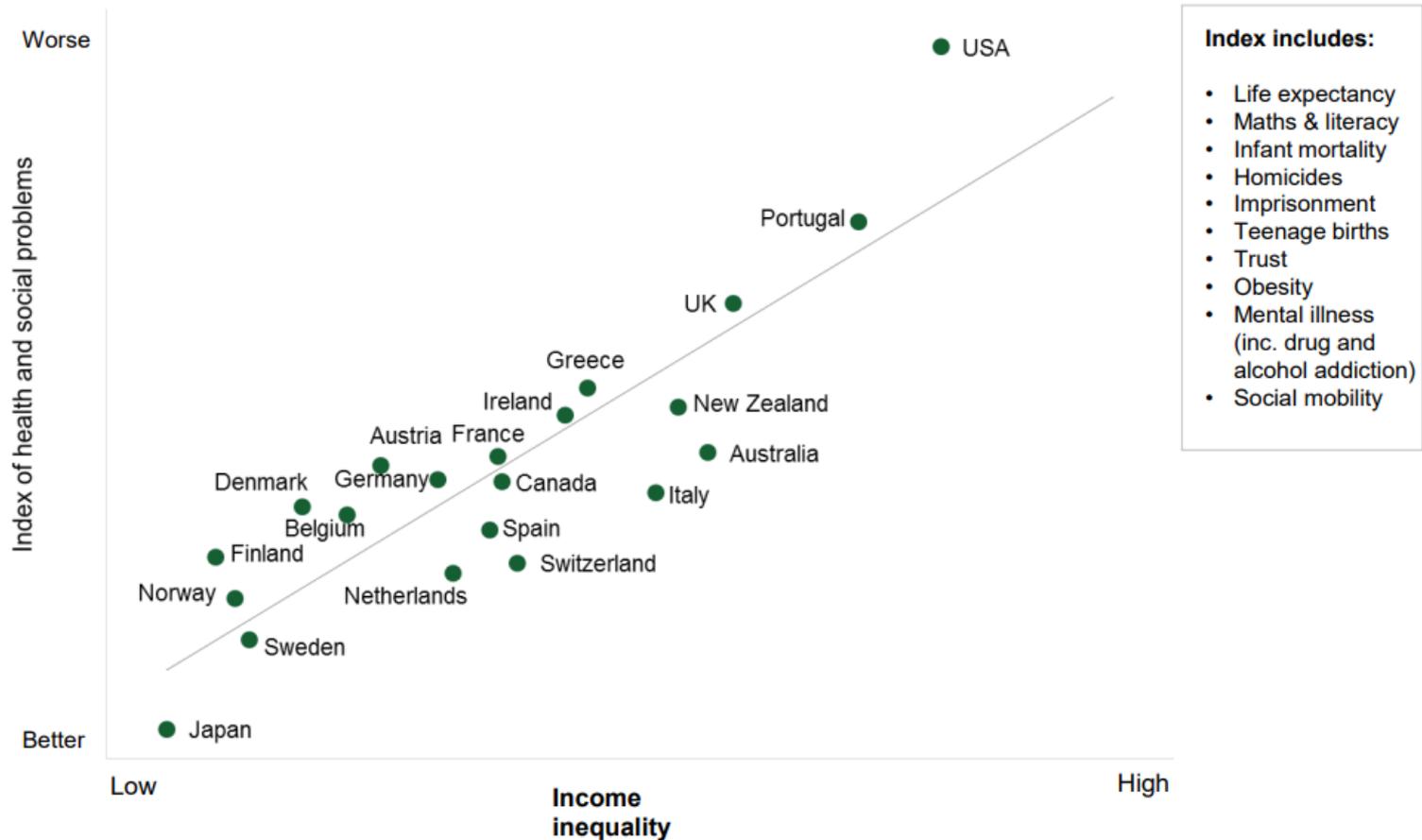
Note: Daniel Gilbert, founder of Rocket Companies, was not included in this list because the \$34 billion he gained during the same time period was the result of a brief surge in his company's value, which has since declined.

Source: Bloomberg Billionaires Index

THE WASHINGTON POST

Nitasha Tiku and Jay Greene, the Billionaire Boom, *The Washington Post*, March 12, 2021

Health and social problems are worse in more unequal countries



Source: Wilkinson & Pickett, *The Spirit Level* (2009)



Inequities

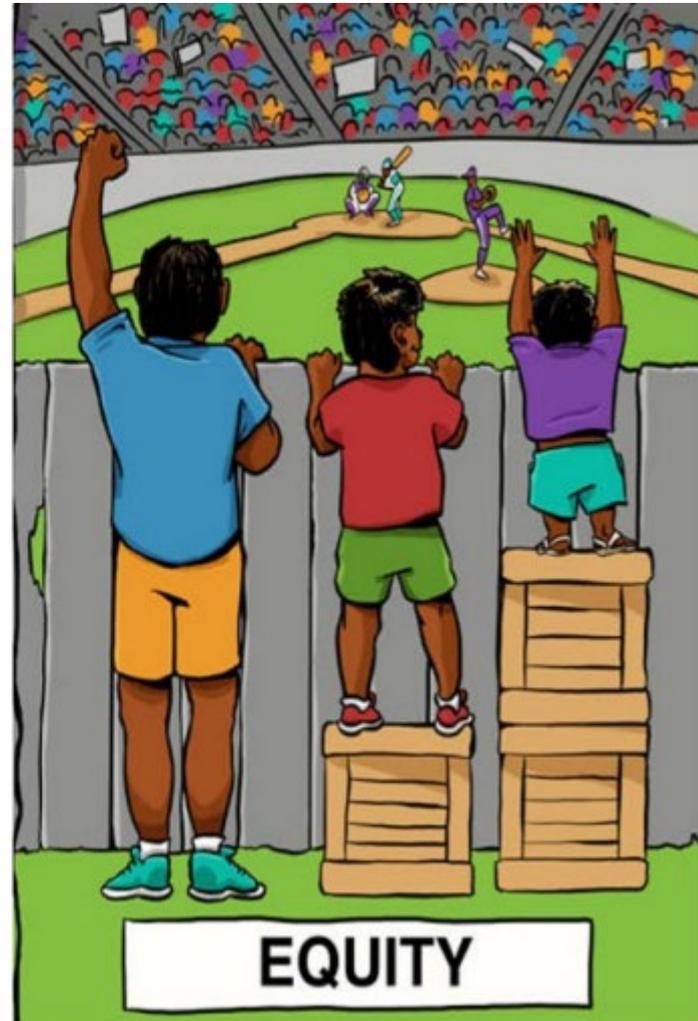
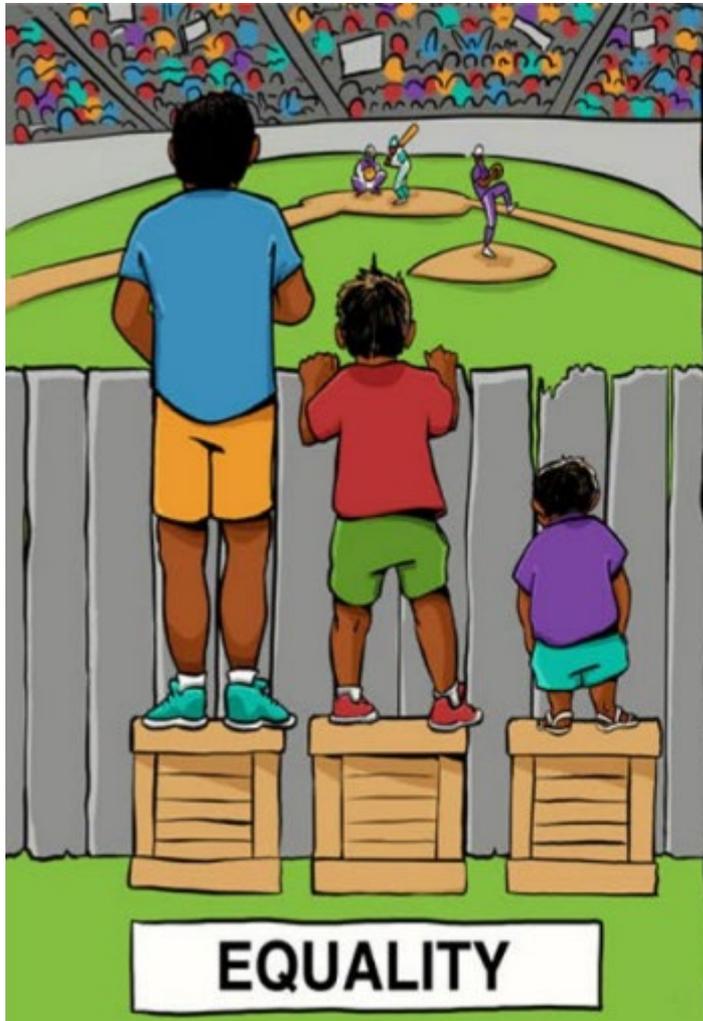
- Structural racism and poverty deprive poor Americans from the social, economic, and environmental conditions needed to thrive
- The bottom 50% of Americans are taxed at a higher rate than the top one percent of Americans
- The bottom 80% of American workers got smaller wage increases than the top 20%
- Homeownership and other wealth is unequally distributed by race and socio-economic status
- Access to healthcare is not universal

Inequity describes our current situation in the US



Health Equity

- The opportunity for everyone to attain his or her full health potential
- No one is disadvantaged from achieving this potential because of social position or other socially determined circumstance.
- Distinct from health equality



Source: Building Shared Language: An introduction to Equity for City of Portland Advisory Bodies City of Portland, OR (2019) at [740387](https://www.portlandoregon.gov/740387) ([portlandoregon.gov](https://www.portlandoregon.gov))

Racism is a System – Only Systemic Change Can Undo It



PAVING THE ROAD TO HEALTH EQUITY

Health Equity
is when everyone has the opportunity
to be as healthy as possible



Programs
Successful health
equity strategies



Measurement
Data practices to support
the advancement of
health equity



Policy
Laws, regulations, and
rules to improve
population health

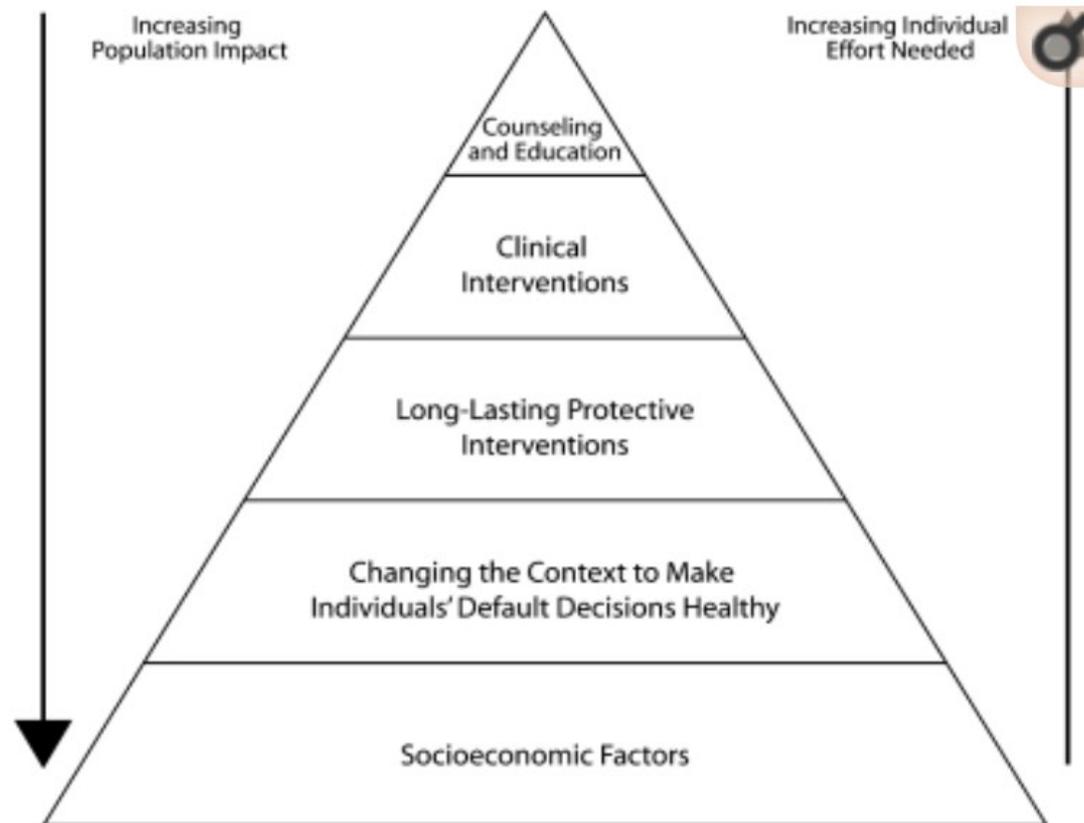


Infrastructure
Organizational structures and functions that support health equity



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Policies to address population issues are more effective than intervening on individual behavior



A Framework for Public Health Action: The Health Impact Pyramid

[Thomas R. Frieden, Am J Public Health.](#) 2010 April; 100(4): 590–595

Policies Designed to Reduce Health Disparities

- Progressive taxation would
 - Reduce economic inequality
 - Provide funding for programs to further reduce inequality
- Baby Bonds as part of Black Reparations
- Job Guarantee Program to provide a living wage to all who want to work
 - supplemented by Universal Basic Income
- Increase the supply of affordable housing to meet the demand
- Equalize school funding by redistributing property taxes
- No or low-cost education - Pre-School through Community College
- Universal health care
- Family Allocation

Using SDoH in CBPR

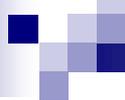
Existing:	Potential:
8-hour work day	Guaranteed paid vacation
Minimum wage	Living wage
Unemployment insurance	Job training and placement
Free K-12 public education	Paid parental leave
Affirmative action (limited)	Housing assistance
Social security	Universal health care

Source: [UC_DiscussionGuide_1.pdf \(unnaturalcauses.org\)](#)

Using SDoH in CBPR

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

Source: [UC_DiscussionGuide_1.pdf \(unnaturalcauses.org\)](#)



Getting Grants from the Federal Government for HD Research

- Passion
- Review the literature
- Network
- Organize and Lead a Research Team
- Apply, Apply
- Once successful, follow the rules



Thank you for your attention

I welcome your questions
and comments

No problem can be solved from the same level of
consciousness that created it. --Albert Einstein

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Additional Readings

- WHO Commission on SDOH
www.who.int/social_determinants/thecommission/en/index.html
- *Unnatural Causes* documentary
www.unnaturalcauses.org/
- NACCHO Health Equity and Social Justice Committee
www.naccho.org/topics/justice/mission.cfm
- RWJ on SDOH
[Social Determinants of Health - RWJF](#)
- CDC Programs to address SDOH
 - [Social Determinants of Health | CDC](#)
[CDC Programs Addressing SDOH | Social Determinants of Health | CDC](#)
- IOM Committee in SDOH
www.iom.edu/Activities/SelectPops/HealthDisparities.aspx
- Healthy People 2020 SDOH (especially resources and interventions)
[Social Determinants of Health | Healthy People 2020](#)
- How much housing can a family afford? [Getting to the Heart of Housing's Fundamental Question: How Much Can a Family Afford? | National Low Income Housing Coalition \(nlihc.org\)](#)

Additional Resources

- [2019 National Healthcare Quality and Disparities Report \(ahrq.gov\)](https://ahrq.gov)
- [HDPulse - Health Disparities Resources \(nih.gov\)](https://hdpulse.nih.gov)
- [Health Poverty Action](https://www.healthpovertyaction.org)
- [NIMH » The NIMH Strategic Plan for Research: An Overview](https://www.nimhd.nih.gov/about/overview/research-framework/)
- [nimhd.nih.gov/about/overview/research-framework/](https://www.nimhd.nih.gov/about/overview/research-framework/)
- *AJPH* Supplement, New Perspectives to Advance Minority Health and Health Disparities Research, January 2019 [American Journal of Public Health - Volume 109, Issue S1 \(aphapublications.org\)](https://aphapublications.org)