Building Healthier Communities: What will it take?

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Professor of African & African American Studies and of Sociology
Harvard University
U.S. Health Profile: Two Patterns

• Racial groups with a long history characterized by economic exploitation, social stigmatization, and geographic marginalization have markedly elevated levels of poor health outcomes:
  -- Blacks or African Americans
  -- American Indians and Alaskan Natives
  -- Native Hawaiians and other Pacific Islanders

• Immigrant groups tend to have better health than the U.S. average, but their health tends to worsen over time and across subsequent generations:
  -- Asians
  -- Hispanics
Life Expectancy, Indigenous Men

Maori, Aboriginal, First Nation, Am Indian & Alaskan Native; Bramley et al. 2004
Life Expectancy, Indigenous Women

Maori, Aboriginal, First Nation, Am Indian & Alaskan Native; Bramley et al. 2004
Indigenous/Non-Indig Mortality Risk Ratios

<table>
<thead>
<tr>
<th></th>
<th>Diabetes</th>
<th>Suicide</th>
<th>Homicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Zealand</td>
<td>5.7</td>
<td>1</td>
<td>3.9</td>
</tr>
<tr>
<td>Australia</td>
<td>9.8</td>
<td>2.2</td>
<td>5.6</td>
</tr>
<tr>
<td>Canada</td>
<td>1.5</td>
<td>1.6</td>
<td>5.4</td>
</tr>
<tr>
<td>United States</td>
<td>2.3</td>
<td>1.2</td>
<td>1.7</td>
</tr>
</tbody>
</table>

*Age standardized mortality rates (per 100,000 population); Bramley et al. 2004
Racial Disparities in Health Persist

There are large gaps in health. In the last 50 years, we have had little success in narrowing them.
Life Expectancy Lags, 1950-2006

Murphy, NVSS 2000;
Challenges to Understand

- Accelerated aging – earlier onset of disease
- Racial differences in the severity and progression of disease
- Persistence of a residual effect of race when SES is controlled
- Role of elevated exposure to psychosocial stressors and experiences of discrimination and institutional racism
- Health is affected not only by current SES but by exposure to social and economic adversity over the life course
Mental Health Questions

Have you ever in your life had a period of time lasting several days or longer when ....

1. Most of the day you felt sad, empty or depressed?

2. Most of the day you were very discouraged about how things were going in your life?

3. You lost interest in most things you usually enjoy like work, hobbies and personal relationships?

4. Most of the time you were very irritable, grumpy or in a bad mood?
Mental Health, Pacific Islanders Ever Felt%

Sad, Empty, Depressed: 32%
Very Discouraged: 33%
Lost Interest: 32%
Irritable, Grumpy or Bad Mood: 44%

Panapasa, et al., Pacific Islander American Health Study
Mental Health, Pacific Islanders
Ever Felt%

<table>
<thead>
<tr>
<th>Condition</th>
<th>All</th>
<th>Samoan</th>
<th>Tongan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sad, Empty, Depressed</td>
<td>32%</td>
<td>38%</td>
<td>23%</td>
</tr>
<tr>
<td>Very Discouraged</td>
<td>33%</td>
<td>40%</td>
<td>23%</td>
</tr>
<tr>
<td>Lost Interest</td>
<td>32%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Irritable, Grumpy or Bad Mood</td>
<td>44%</td>
<td>49%</td>
<td>37%</td>
</tr>
</tbody>
</table>

Panapasa, et al., Pacific Islander American Health Study
Mental Health, Pacific Islanders Experienced at least one %

Panapasa, et al., Pacific Islander American Health Study
Mental Health, Pacific Islanders Experienced at least one %

- Yes to Any of 4, Ever
  - All: 51%
  - Samoan: 58%
  - Tongan: 42%

- Yes to Any of 4, Past Month
  - All: 22%
  - Samoan: 27%
  - Tongan: 15%

- Yes to Any of 4, Past Year
  - All: 39%
  - Samoan: 46%
  - Tongan: 30%

Panapasa, et al., Pacific Islander American Health Study
Lifetime Traumas

At any point in your life have you experienced

a) A serious physical attack or assault?
b) A life-threatening illness or accident?
c) A life-threatening illness or accident for your spouse or child?
d) The death of a child of yours?
Lifetime Traumatic Events
Pacific Islanders

- Physical Attack/Assault: 14%
- Illness or Accident, Self: 23%
- Illness or Accident, Family: 20%
- Death of Child: 12%

Panapasa, et al., Pacific Islander American Health Study
Panapasa, et al., Pacific Islander American Health Study
Stressful Life Events, Last 5 Years

a) Life-threatening illness or accidental injury to someone close to you?
b) Death of loved one?
c) Involuntary job loss?
d) Involuntarily job loss, other household member?
e) Unemployed longer than 3 months
f) Unemployed, other household member?
g) Moved to a worse residence or neighborhood?
h) Robbed or had your home burglarized?
i) Had serious financial problems or difficulties?
j) Legal trouble, you or someone close to you?
Stressful Life Events, Past 5 Years
Pacific Islanders

Panapasa, et al., Pacific Islander American Health Study
Stressful Life Events, Past 5 Years
Pacific Islanders

- Illness or Accident, Relative: All 47, Samoan 50, Tongan 41
- Death of Loved One: All 64, Samoan 67, Tongan 59
- Lost Job: All 14, Samoan 17, Tongan 10
- Unemployed >3 Months: All 27, Samoan 28, Tongan 27
- Family Lost Job: All 27, Samoan 26, Tongan 29

Panapasa, et al., Pacific Islander American Health Study
Stressful Life Events, Past 5 Years, cont.
Pacific Islanders

Panapasa, et al., Pacific Islander American Health Study
Stressful Life Events, Past 5 Years, cont.
Pacific Islanders

- Family Unemployed >3 Months: 42% (All), 42% (Samoan), 42% (Tongan)
- Moved to Worse Residence: 6% (All), 8% (Samoan), 4% (Tongan)
- Robbed or Burglarized: 6% (All), 9% (Samoan), 3% (Tongan)
- Serious Financial Problems: 45% (All), 46% (Samoan), 44% (Tongan)
- Legal Trouble: 35% (All), 32% (Samoan), 38% (Tongan)

Panapasa, et al., Pacific Islander American Health Study
Major Experiences of Discrimination

Have you ever been unfairly,

a) Fired from a job or denied a promotion?

b) Not hired for a job?

c) Stopped, searched, questioned, physically threatened or abused by the police?

d) Discouraged by a teacher or advisor from continuing your education?

e) Prevented from moving into a neighborhood because the landlord or a realtor refused to sell or rent you a house or apartment?

f) Denied a bank loan?
Major Experiences of Discrimination
Pacific Islanders

- Fired or Denied Promotion: 9
- Unfairly Not Hired: 10
- Unfair Police Treatment: 21
- Denied Bank Loan: 6
- At least one: 30

Panapasa, et al., Pacific Islander American Health Study
Major Experiences of Discrimination
Pacific Islanders

- Fired or Denied Promotion
  - All: 9%
  - Samoan: 12%
  - Tongan: 6%
- Unfairly Not Hired
  - All: 10%
  - Samoan: 13%
  - Tongan: 5%
- Unfair Police Treatment
  - All: 21%
  - Samoan: 20%
  - Tongan: 22%
- Denied Bank Loan
  - All: 6%
  - Samoan: 8%
  - Tongan: 4%
- At least one
  - All: 30%
  - Samoan: 32%
  - Tongan: 26%

Panapasa, et al., Pacific Islander American Health Study
Improving Health and Reducing Racial Inequalities in Health

What Can We Do?
So what makes us sick in the first place?

And why are some Americans so much healthier than others?

Where we Live, Learn, Work and Play has a greater impact on how long and how well we live than medical care.
Improving American’s Health

Health Care Improvement alone will NOT solve America’s health problems

Healthier lifestyles are needed
Needed Behavioral Changes

• Reducing Smoking
• Improving Nutrition and Reducing Obesity
• Increasing Exercise
• Reducing Alcohol Misuse
• Improving Sexual Health
• Improving Mental Health
Moving Upstream

Effective Policies to reduce inequalities in health must address fundamental non-medical determinants.
Needed Steps

• We can improve health, reduce disparities & our medical bills by investing in:
  – Schools
  – Sidewalks
  – Produce markets
  – Preschool programs
  – Parks
  – Jobs
  – Housing
  – Transportation
Creating a Culture of Health

- Living healthier requires the creation of a culture of health
- We need to better incorporate health into our homes, schools, neighborhoods, workplaces
- Safety and wellness needs to be integrated into every aspect of community life
- Health, therefore, needs to be factored into all policy making
- We need to work across traditional policy silos to engage in cross-sector partnerships and solutions
- Public and private resources need to be combined
Making Healthy Choices Easier

Factors that facilitate opportunities for health:

• Facilities and Resources in Local Neighborhoods
• Socioeconomic Resources
• A Sense of Security and Hope
• Exposure to Physical, Chemical, & Psychosocial Stressors
• Psychological, Social & Material Resources to Cope with Stress
Policy Area

Place Matters!

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

### Unhealthy Community vs Healthy Community

<table>
<thead>
<tr>
<th>Unhealthy Community</th>
<th>Healthy Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsafe even in daylight</td>
<td>Safe neighborhoods, safe schools, safe walking routes</td>
</tr>
<tr>
<td>Exposure to toxic air, hazardous waste</td>
<td>Clean air and environment</td>
</tr>
<tr>
<td>No parks/areas for physical activity</td>
<td>Well-equipped parks and open/spaces/organized community recreation</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>
</tr>
<tr>
<td>Convenience/liquor stores, cigarettes and liquor  billboards, no grocery store</td>
<td>Well-stocked grocery stores offering nutritious foods</td>
</tr>
</tbody>
</table>
### Our Neighborhood Affects Our Health

<table>
<thead>
<tr>
<th>Unhealthy Community</th>
<th>vs</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>
<td></td>
</tr>
<tr>
<td>Burned-out homes, littered streets</td>
<td>Well-kept homes and tree-lined streets</td>
<td></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>
<td></td>
</tr>
<tr>
<td>No local health care services</td>
<td>Primary care through physicians’ offices or health center; school-based health programs</td>
<td></td>
</tr>
<tr>
<td>Lack of public transportation, walking or biking paths</td>
<td>Accessible, safe public transportation, walking and bike paths</td>
<td></td>
</tr>
</tbody>
</table>
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 (HbA1c)

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 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
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
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
Income Change and Health

• A natural experiment assessed the impact of an income supplement on the mental health of American Indian children.

• It found that increased family income (because of the opening of a casino) was associated with declining rates of deviant and aggressive behavior.

Costello et al. 2003
Conditional Cash Transfer Programs

- Mexico’s PROGRESA (now Oportunidades) established in 1997
- Low income families, randomized at the community level receive additional cash conditional on children’s school attendance, preventive care visits and participation in health information sessions
- Compared to controls, the intervention group had decreased illness rates, child stunting, BMI and improvements in endurance, language development, memory, and height for age
- Additional cash is key determinant of program success

Rawlings & Rubin, 2005; Paxson & Shady, 2007; Fernand et al. 2008
Investing in Our Children

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
To Think About

“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”

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.
How to Build Positive Emotions

- Rachel Godsil at the American Values Institute and Professor of Law at Seton Hall Law School
- Currently studying how to accelerate positive sympathetic responses
- A critical research priority
Many Storm Clouds

- Both Whites who voted for President Obama and those who did not indicate that there is less need to address racial inequality in the U.S. and they would be less supportive of policies to address inequities.
- Striking growth in Republican party membership since Obama’s election among White voters (esp. young & poor). Republicans now have a 13 pt (52% to 39%) vs 2 pt edge (46% to 44%) in 2008 (Pew Report, 2011).
- Decline in public employment will hurt Minorities.
- Government spending reductions in the past has led to worsening health for low SES populations and racial minorities and to widening racial gaps in health.

Williams et al 2010; Pew Report, 2011; Williams 2012
Median Net Worth of Households 2005 and 2009

• Between 2005 and 2009 the median wealth of white households declined by 16% compared to 53% for black and 66% for Hispanic households.

• Thus, the median wealth of whites is 20 times that of blacks and 18 times that of Hispanics.

Pew Research Center, 2011
Median Net Worth of Households 2005 and 2009

US dollars

<table>
<thead>
<tr>
<th>Year</th>
<th>Whites</th>
<th>Hispanics</th>
<th>Blacks</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>134,992</td>
<td>18,359</td>
<td>12,124</td>
</tr>
<tr>
<td>2009</td>
<td>113,149</td>
<td>6,325</td>
<td>5,677</td>
</tr>
</tbody>
</table>

Pew Research Center, 2011
“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
We need to build a science base that will guide us in developing the political will to address racial and SES inequalities in health
There is a Communication Divide
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.
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, healthy life, regardless of their income, education or ethnic background.
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 and low SES much 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
Community Capacity

Community capacity = characteristics of communities that can affect their ability to address community problems as well as the development and deployment of skills, knowledge and resources that can aid in this effort

- Communities vary in their levels of social cohesion and other protective resources
- Community capacity can be an important resource at the local level.

Goodman et al. 1998; McLeroy et al. 2003
Community Capacity, cont.

• Need to embrace and strengthen the capacity of various community institutions (families, neighborhoods, schools, churches, businesses and voluntary agencies)
• Result: community needs can be more effectively addressed and these institutions can be enlisted to be agents of change to seek solutions to local problems
• Community-based interventions can view the community as the target of change with a goal of creating a healthier community through changes in community policies, environments, institutions and services

Goodman et al. 1998; McLeroy et al. 2003
Building On our Strengths
Marital Support, Pacific Islanders
A Great Deal/Quite a bit vs Some, a little, not at all

- Married/Partner: 63%
- Makes You Feel Loved and Cared For: 94%
- Willing to Listen: 80%

Panapasa, et al., Pacific Islander American Health Study
Marital Support, Pacific Islanders
A Great Deal/Quite a bit vs Some, a little, not at all

- Married/Partner: 63% (Panapasa), 62% (Samoan), 65% (Tongan)
- Makes You Feel Loved and Cared For: 94% (Panapasa), 90% (Samoan), 98% (Tongan)
- Willing to Listen: 80% (Panapasa), 75% (Samoan), 88% (Tongan)

Panapasa, et al., Pacific Islander American Health Study
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.
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
Resources
Closing the gap in a generation

Health equity through action on the social determinants of health
REACHING FOR A HEALTHIER LIFE
Facts on Socioeconomic Status and Health in the U.S.

The John D. and Catherine T. MacArthur Foundation Research Network on Socioeconomic Status and Health
The Biology of Disadvantage
Socioeconomic Status and Health

EDITORS
Nancy E. ADLER
Judith STEWART
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. Inequalities in health are created by larger inequalities in society.

2. SES and racial/ethnic disparities in health reflect the successful implementation of social policies.

3. Eliminating them requires political will for and a commitment to new strategies to improve living and working conditions.

4. Our great need is to begin in a systematic and comprehensive manner, to use all of the current knowledge that we have.

5. We need to better understand the levers of change.
A Call to Action

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.”

Margaret Mead