How Social Policies Shape Health: Evidence and Opportunities

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With Thanks to:
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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.
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></td>
<td>Safe neighborhoods, safe schools, safe walking routes</td>
</tr>
<tr>
<td>Exposure to toxic air, hazardous waste</td>
<td></td>
<td>Clean air and environment</td>
</tr>
<tr>
<td>No parks/areas for physical activity</td>
<td></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></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></td>
<td>Well-stocked grocery stores offering nutritious foods</td>
</tr>
</tbody>
</table>
### Our Neighborhood Affects Our Health

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<th>Unhealthy Community</th>
<th>Healthy Community</th>
</tr>
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<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>
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</table>
Residential Segregation is an example of a Social Policy that continues to have pervasive adverse effects on health.
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
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
Community Health Equity Reports (CHER) – Documenting Risks to Health-Bernalillo County

Racial/Ethnic Distribution by Census Tract, Bernalillo County (2005-2009)
Community Health Equity Reports (CHER) – Documenting Risks to Health-Bernalillo County

Life Expectancy by Census Tract, Bernalillo County
New Mexico Community Data Collaborative

http://nmccdc.maps.arcgis.com
Improving America’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
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