David Williams' Comments
Health Equity: Implications for Policy and Practice
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- What we have done so far to address group differences in health, i.e., health disparities or the gap in health has not worked. We need new paths and new ways to begin to address these differences in health.
- Racial disparities exist from the cradle to the grave and across the life course.
- We can begin to make sense of these differences by adding socioeconomic status to the equation along with race and ethnicity to examine more closely group health variations.
- Socioeconomic status (SES) predicts virtually everything in society and such is the case here.
- SES status, usually measured by income, education, or occupational status, is one of the most powerful predictors of variations in health both in the United States and internationally.
- In the U.S. SES is tracked along racial lines. One marker of SES is poverty. Whites have lower rates of poverty so part of the reason that we see racial differences in health is because of the racial difference in SES status.
- It is important to remember that health is patterned by both race/ethnicity and SES. Race/ethnicity and SES reflect two related but not interchangeable systems of inequality. One must look at both to see the complex arrangements that serve as the backdrop for group health variations.
- The gap in health within each racial group by economic status is bigger than the black-white health gap.
- However, again, it is not just SES. There is an added burden from race ethnicity beyond SES. Race-ethnicity still matters and predicts health outcomes. For example, poor blacks are still doing worse than poor whites. Even high-income blacks and Latinos are doing worse than high-income whites. Strikingly, national data from the U.S. shows that the infants of the most advantaged group of black women are doing worse than the most disadvantaged white women.
- How do we make sense of this pattern of differences where race-ethnicity demonstrates a pattern of health disparities in the face of SES as a strong predictor of variations between groups?
- Several lines of research are being pursued to help us begin to understand race-ethnicity and SES interactions as they affect health. The first line of inquiry examines the question of indicators and their lack of equivalency across race. In places where blacks tend to live the cost of goods and services are higher so a dollar does not go as far. Further, average income linked to educational levels varies across racial groups. A white and black person with equivalent levels of education will generally not receive the same wages or salary. Additionally, we are exploring the idea that health is affected not just by current economic status but also by exposure to social and economic adversity over the life course. The

health of an adult reflects their current status as well as their exposure over the life course from birth through childhood to adult hood.

- As a final point, personal experiences of discrimination and institutional racism are added pathogenic factors that affect heath outside of SES. Experiences of discrimination may be a neglected psychosocial stressor. Racism can lead to increased exposure to traditional stressors (e.g. unemployment). Institutional discrimination can restrict economic attainment and thus lead to differences in SES and health.
- What are the determinants of health and where can we attack this problem? The U.S. Surgeon General Report from 1979 provides a starting point for analysis. In this case, the determinants listed include the environment, genetics, medical care and behavior. Medical care as it is currently practiced does not have a lot to do with determining health. It is largely involved once you become sick.
- Behavior and lifestyle are important. However, narrow focuses on health behavior alone with "just say no" campaigns is not going to be successful in reducing group variations in health.
- We must move upstream. The experience of the last 100 years suggests that interventions targeting intermediary risk factors will have limited success in reducing social inequalities in health as long as more fundamental social inequalities remain intact.
- Larger policies far removed from health can make it easer or difficult for individuals to make choices that influence their health. Where we live, work, learn, and play determine our exposures, barriers, inducements and opportunities to be healthy.
- The clear implication is that if we want to make progress in reducing health disparities we have to define the "real" health policies. Effective policies to reduce health inequalities must address fundamental, non-medical determinants. Improving social and economic conditions is critical to improving health.
- Evidence that social and economic policies affect health can be seen in several instances. In the last 50 years, black-white differences in health have narrowed and widened with black-white differences in income. Research has demonstrated that housing patterns and residential segregation affect health. Based on statistical analysis, one study indicated that the elimination of the effects of residential segregation could erase black white differences in income, education, and unemployment.
- Other research supports the fact that if you enrich the quality of neighborhood environments you can increase economic development in poor areas. If you improve the conditions of work and redesign workplaces especially for low-income workers, you can reduce injuries and job stress.
- A study (Kehrer & Wolin, 1979) conducted in the early 1970s found that mothers in the experimental income group who received expanded income support had infants with higher birth weights than that of mothers in the control group. It is thought that improved nutrition, probably as a result of the income manipulation, might have been the key intervening factor.
- A 10-year follow-up study (Dalgard & Tambs, 1997) of residents in five neighborhood types in Norway found that changes in neighborhood quality- a

new public school, playground extensions, a new shopping center with restaurants and a cinema, a subway line extension- resulted in dramatic improvements in its social environment and improved mental health 10 years later.

- Finally, investments in improved educational quality in the early years can reduce educational failures and set children up over the life course to be healthy and successful adults.
- The effects of SES on health are not just seen in those at the lower end of the scale. There is a health gradient evident in the United States and internationally- among all societies. The gradient indicates that every group on the socioeconomic ladder is doing worse than the group immediately above them. The middle class has worse health than those above them on the economic ladder. The group second on the ladder beneath those with the most income has worse health than those above them. Conversely, this group will have better health than those below them on the health gradient.
- ***Recommendations***
    - Larger inequalities in society create inequalities in health. Health officials and organizations can only improve health by working together. The health sector will need to work collaboratively with other sectors of society to initiate and support social policies that promote health and reduce inequalities in health.
    - This effort cannot be just about more health programs. Eliminating health inequalities requires political will for and a commitment to new strategies to improve living and working conditions.