

Social Policy IS Health Policy:

Addressing the Economic and Social Determinants of Health

Decades of research and practical experience in the United States and other countries have shown that a number of economic and social factors – education, income, occupation, wealth, housing, neighborhood environment, race and ethnicity – have a powerful influence on health. No matter where you sit in our society, people who are better off are in better health. This link between social position and health status is predictable, persistent, problematic, and – we hope – preventable.

But it is hard for those working in health not to feel paralyzed by the implications of the literature on the social determinants of health, which so often points us to needed changes in education, economic, environmental, and corporate policies (Adler and Stewart 2007). For many health funders, taking on labor regulations and zoning plans feels like a stretch: politically charged, potentially useless, and far outside health philanthropy's purview.

If we are to improve health outcomes, however, we have to determine how to address the root causes of poor health, in addition to improving health care access, quality, and costs. And it may not take a revolution. In a recent *Health Affairs* article, Dolores Acevedo-Garcia and her colleagues (2008) argue: "Since the chain of events leading from social circumstances to health is long, there are likely to be critical intermediate steps in this causal chain at which interventions may be politically viable and effective. Moreover, since health is affected by a range of sectors not traditionally thought of as health-related, many possible nonhealth sectors can be engaged."

David Williams and Selina Mohammed (2006) maintain that effectively addressing the link between poverty and health calls for interventions in several realms:

1. **Reducing the levels of poverty in the population** – Efforts might include enhancing educational achievement, implementing new tax and income support policies to prevent an increase in income inequality, helping the chronically unemployed find jobs, and providing financial assistance to poor families.
2. **Reducing the effects of health on socioeconomic status** – Efforts might include modifying work conditions to increase participation levels of the chronically ill and disabled and offering counseling services to low-income populations who have challenges working because of their health.
3. **Reducing intervening factors between socioeconomic status and health** – Efforts might include initiating

health promotion programs targeted at low-socioeconomic groups, such as providing free fruit at elementary schools, increasing tobacco taxes to reduce consumption, and reducing the physical workload of manual jobs.

4. **Improving low-socioeconomic groups' access to medical care** – Efforts might include increasing the number of primary care providers in disadvantaged areas, strengthening health care access and quality by deploying more health care professionals and peer educators to implement disease prevention programs, and ensuring the availability of culturally sensitive care.
5. **Increasing awareness of nonhealth policies that can have decisive consequences for the health of economically vulnerable populations** – Efforts might include supporting health impact assessment studies, which demonstrate how policies in domains far removed from traditional health policy (such as taxes and employment) can impair or enhance health.

OPPORTUNITIES FOR FUNDERS

There has been a growing attention to economic and social determinants of health within health philanthropy.

Blue Cross and Blue Shield of Minnesota Foundation – The foundation looks beyond health care today for ideas that create healthier communities tomorrow and believes that a focus on social, economic, and environmental determinants of health will improve health and lessen the burden on the health care system over time. The foundation has committed to four, long-term, multimillion dollar strategic initiatives to target upstream issues, which will combine grantmaking with foundation operating programs:

- *Healthy Together: Creating Community with New Americans* focuses on health, immigrant integration, and social connectedness. This program helps people with unique cultural needs navigate the health care system.
- *Growing Up Healthy: Kids and Communities* engages community-based collaborations of health, early childhood development, housing, and environmental organizations in improving children's health and well-being.
- A Leadership Institute will recognize and develop community leaders to effectively address connections between health and social, economic, and environmental issues.

- An initiative will be created to build public awareness and policy support for social, environmental, and economic conditions that promote health.

The California Endowment – The endowment believes that where we live has a direct impact on our health. Breathing clean air can lead to fewer cases of asthma in children; families with easy access to grocery stores with fresh fruits and vegetables have a better chance of maintaining well-balanced diets and eating habits; and people with regular health care providers can use preventive services to maintain their health throughout their lives. After 10 years of working with nonprofit organizations and gathering feedback from community partners on what can create measurable improvements in health status, the endowment is preparing to embark on a decade-long effort to “Build Healthy Communities” – places where children and youth are healthy, safe, and ready to learn. During the next two years, the endowment will select targeted geographic areas or communities impacted by poverty and make deep, sustained, and community-driven investments in these areas. Wrapped around these investments will be policy and systems-change goals to ensure that healthy communities are sustainable for generations to come.

Robert Wood Johnson Foundation – In February 2008 the foundation launched the Commission to Build a Healthier America, which focuses on factors outside the health care system and identifies nonmedical, evidence-based strategies to improve health. Commission members will investigate how factors, such as education, environment, income and housing, shape and affect personal behavioral choices, and will combine rigorous evaluation research and policy analysis to describe why Americans are not healthier and to identify policies that improve health. The commission’s *Overcoming Obstacles to Health* (2008) provides a profile of the current state of health in America and focuses specifically on the role that social factors like income, education, and race and ethnicity play in Americans’ health. It also discusses strategies that hold promise for living healthier and more productive lives.

W.K. Kellogg Foundation – In December 2007 the foundation announced a new focus for its work: the nearly 30 million U.S. children growing up in families that are unable to make ends meet. It adopted a new mission statement to reflect the new direction: “The W.K. Kellogg Foundation supports children, families, and communities as they strengthen and create conditions that propel vulnerable children to achieve success as individuals and as contributors to the larger community and society.” The foundation has framed its programming around five core elements, which improve social conditions on behalf of vulnerable children: family income and assets; community assets; education and learning; food, health, and well-being; and civic and philanthropic engagement. This new strategy will create more integrated programming, and the

foundation will pursue approaches that incorporate racial equity, place, leadership, policy, and success by third grade.

The Rapides Foundation – This Louisiana-based foundation has two surprising priority areas for a health foundation: to increase the level of educational attainment and achievement as the primary path to improved economic, social, and health status and to improve economic opportunity and family income.

The foundation’s interest in K-12 education stems from two separate but related concepts: (1) an individual’s ability to pursue higher wage employment and take care of their health and the health of their family is directly linked to the knowledge and skills acquired in school, and (2) the learning environment in a school is a critical component of a community’s infrastructure. The foundation has chosen carefully targeted programs that seek to improve student achievement through proven long-term strategies involving teacher and administrative training and support, enhancement of subject-specific knowledge, and increasing community ownership of the schools.

The foundation’s work around economic development correlates the ability to earn a higher wage with indicated measures such as home ownership and the ability to purchase health insurance. The foundation is funding two major economic development programs: Cenla Advantage Partnership, a regional nonprofit economic development organization funded by the business community and the foundation, and Entrepreneurial League System® of Central Louisiana, which works to increase the number of business startups in the area.

Questions remain about which partnerships, policy changes, and on-the-ground interventions will best address the economic and social determinants of health. But enough knowledge exists for us to move to action: to begin a series of strategic conversations within health philanthropy about how, when, and where to get involved.

SOURCES

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