

We Must Promote Health Equity in Spite of Current Economic Challenges

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When the *Whitehall Studies* were first published, they identified not only a social gradient that correlated the relationship between social status and life expectancy, but new variables to consider when predicting population health outcomes. These variables included the economic, social, and physical environments in which people live. The *Whitehall Studies* and subsequent research provide strong evidence that former health promotion and disease prevention efforts, which focused on access to and affordability of healthcare services, were myopic because they did not consider the reasons people became sick in the first place. This paradigm shift encouraged an “upstream” approach, or consideration of root causality, so that health policy development would include social and economic factors that shape health outcomes.

The existence of a positive correlation between social/economic status and life expectancy is an indicator of health inequity. Health inequity results when the social gradient is shaped by economic and social conditions that are not only unfair but avoidable. Examples include unequal distribution of societal burdens such as the disproportionate placement of toxic landfills near low-income communities, lack of inclusionary zoning laws to promote mixed-income housing and discourage de-facto housing segregation, and the existence of economic policies that result in the widening income inequality gap.

The presence of health inequities or any other inequities challenges the very foundation upon which this nation rests. The preamble of the *U.S. Constitution* states:

We the People of the United States, in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defence, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.

One need only consider the preamble’s focus on promoting general welfare to understand the gravity of the harm that inequities represent.

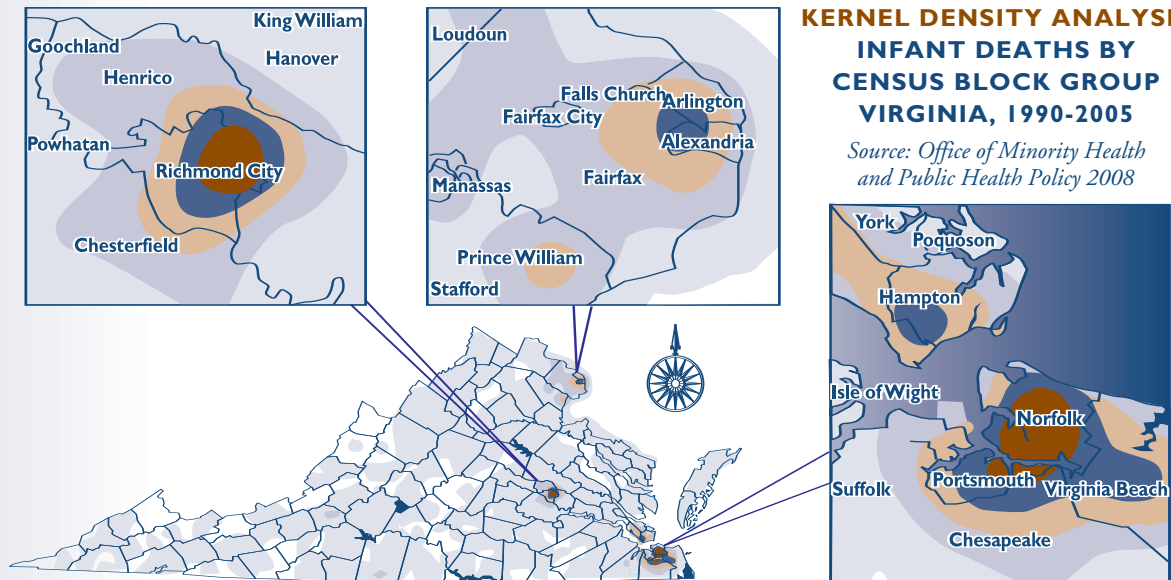
Sadly, the degree of interest by grantors in funding efforts to

eliminate health inequities appears to be inversely proportional to the amount of available grant funding. Recent reports addressing how to overcome and prevent health inequities, such as the Robert Wood Johnson Foundation Commission to Build a Healthier America’s *Beyond Health Care: New Directions to a Healthier America*, is welcomed by grantmakers. Unfortunately, these reports coincide with a period of plummeting asset valuation. Faced with the challenge of fewer financial resources, grantmakers are carefully considering funding proposals and are awarding those with the best potential to yield the greatest community impact.

Funding efforts that promote health equity not only have unlimited potential for impactful community health results, but, more importantly, have the potential to place that community in a position to realize the future benefits of “dynastic health.” Dynastic health results from social, economic, and health programs and/or policies that favorably promote and protect the complete physical, mental, and social well-being of successive generations. Whereas tax policies promoting dynastic wealth have been criticized for promoting a widening income gap, funding efforts to assure dynastic health will narrow the health equity gap. By doing so it will have the added benefit of assuring that current funding decisions are leveraged to their greatest capacity.

Health equity promotion funding opportunities are present in all communities and need not result in the expenditure of significant funds. Health funders can use the present economic downturn as a time to research and prepare for later health equity activities. Moreover, the absence of efforts to combat health inequities today assures the inequity gap will become broader and intractable. Below are suggested activities for health funders to consider in an effort to support health equity promotion during times of economic challenge.

► **Begin a dialogue with State Offices of Minority Health (SOMH).** SOMHs may have different names in different states, but they all promote health equity in some fashion. This [site](#) provides a list of SOMHs. Funders may want to consider reviewing successful activities and programs in other states that may be worthy of replication. One impor-



**KERNEL DENSITY ANALYSIS
INFANT DEATHS BY
CENSUS BLOCK GROUP
VIRGINIA, 1990-2005**

Source: Office of Minority Health and Public Health Policy 2008

tant first step in combating health inequities is identifying and quantifying their prevalence. SOMHs are indispensable in such efforts as their technical capabilities often allow for small area analyses of health inequities.

As a result of partnering with the Virginia State Office of Minority Health and Public Health Policy, the Williamsburg Community Health Foundation can map funded program recipients by census tract to assure that its funding is targeted to the census tracts with the greatest needs. The data available at the Office of Minority Health and Public Health Policy were instrumental in informing and mobilizing communities around infant mortality (see graphic). Recently Governor Timothy Kaine (2009) announced that Virginia's infant mortality rate declined to its lowest level in history, with 6.7 deaths per 1,000 live births in 2008, down from 7.7 in 2007. The rate among the state's African-American population was also reduced to its lowest levels ever, with 12.2 deaths per 1,000 in 2008, down from 15.5 in 2007.

- **Expand the definition of "health experts" to include social scientists and economists.** If funders are to go further "upstream" in eliminating health inequities, they must first embrace and adopt the paradigm shift that involves a systemic approach to health promotion and disease prevention. Social scientists and economists possess a wealth of information and have myriad tools to confront the social and economic determinants of health. Seek out these experts when considering future health funding efforts.
- **Educate community leaders on the social and economic determinants of health.** Proven theories of change all identify community involvement as a necessary component in sustaining any type of change within the community. The timing of community involvement is essential as it must be fostered as early and as reasonably as possible to ensure the community's ownership of the desired change. Early community leader involvement assures the community voice in shaping change thereby further promoting lasting community ownership. Resources to educate the community on social and economic determinants of health

can be found at the [Unnatural Causes](#) and [National Association of County and City Health Officers](#) sites.

- **Understand the important role funders can play in policy development without forsaking or challenging nonprofit status.** Nonprofits often believe they are precluded from having any role in legislative policy development because of lobbying restrictions. While it is important to fully understand permissible activities, funders often underestimate the important role of educating legislators or others involved in policy development. Many of the recommendations in *Beyond Health Care: New Directions to a Healthier America* can be furthered by simply making policymakers aware of the local relevance of its recommendations.

Funding efforts that promote health equity involve a range of activities that need not involve considerable financial resources. They are likely to have a resounding positive impact that will be realized for years to come. Health funders can take a multidisciplinary approach in funding considerations to assure the greatest community impact. This approach would therefore strengthen the vision of promoting the general welfare laid out in the *Constitution* and realize the goal of dynamic health. The current economic challenges make such funding efforts not only possible but necessary.

SOURCES

Office of the Governor Timothy M. Kaine, *Governor Kaine Announces Infant Mortality Rate Reduced to Lowest Level in State History*, press release (Richmond, VA: August 4, 2009).

Office of Minority Health and Public Health Policy, Virginia Department of Health, *Unequal Health Across the Commonwealth: A Snapshot* (Richmond, VA: 2008).

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