Eliminating Health Disparities Through a Concerted Emphasis on Prevention

I. Purpose

This position paper stipulates that reducing disparities in health for communities of color is both a moral and economic imperative. Doing so requires:

- An emphasis on preventing illness and injury in addition to providing quality healthcare, and
- Addressing the pathways by which root factors, including the social determinants of health, play out at the community level to negatively impact health.

These are also critical elements in eliminating disparities experienced by low-income people. This position paper builds both on previous policies of the American Public Health Association by noting the role of place, ethnicity, and poverty in promulgating health disparities and on the work of the California Campaign to Eliminate Ethnic and Racial Disparities in Health. Formed through a partnership between the American Public Health Association and the California Health and Human Services Agency, the Campaign is a statewide coalition formed to:

1) to better understand the roots and pathways to health disparities,
2) to determine what can be done, and
3) to set a process in motion to reduce and eliminate health disparities in California.

In recognition of both the direct and indirect influence of the environment on health, the Campaign identified the following as one of its two major goals: Prevent the development of illness and injury by fostering healthy behaviors, healthy community environments, and institutional support of good health outcomes

II. Overview

People of color consistently face higher rates of morbidity and mortality than whites. These higher rates are experienced not just for one or two diseases but across a very broad spectrum of illnesses and injuries. Further, health disparities are not the result of specific populations experiencing a different set of illnesses than those affecting the general population. Generally the diseases and injuries that affect the population as a whole, affect low-income and minority populations more, with people experiencing multiple negative health conditions.

Addressing health disparities requires a multi-faceted strategy because the underlying factors producing health disparities are complex. Disparate health outcomes are not primarily due to one microbe or one genetic factor. Rather, a broad range of social, economic, and community conditions interplay with individual factors to exacerbate susceptibility and provide less protection from illness, unintentional injury, and violence. These conditions, such as deteriorated housing, poor education, limited employment opportunities and role models, limited household resources, and readily available cheap high-fat foods, are particularly exacerbated in
low-income neighborhoods where people of color are more likely to live. Research has now shown that after adjusting for individual risk factors, there are neighborhood differences in health outcomes. Many neighborhood conditions are related to a history of bias directed against people of color. Therefore, it is not surprising that there are disparities in health. In fact, it is the relationship of place, ethnicity, and poverty that can lead to the greatest disparities.

There is a risk that prevalence of disparities may increase as the population becomes even more multicultural. As the nation becomes increasingly diverse, the reality of a healthy and productive country will increasingly rely on the ability to keep all people healthy and eliminate disparities by improving the health of communities of color. Healthcare is among the most expensive commitments of government, businesses, and individuals. Illness, unintentional injury, and violence also generate tremendous social costs in the form of lost productivity and expenditures for disability, worker’s compensation, and public benefit programs. Eliminating racial and ethnic health disparities is imperative both as a matter of fairness and economic common sense. This tremendous challenge can—and must—be met with a focused commitment of will, resources, and cooperation to institute change.

A. Understanding the Critical Pathways to Health Disparities

The frequency and severity of injury and illness is not inevitable. An analysis of the underlying causes of medical conditions reveals a trajectory by which health outcomes develop and worsen. By analyzing the pathways from root factors to illness and injury experienced by people of color, the necessary actions to prevent these medical conditions are illuminated. Nearly 50% of annual deaths—and the impaired quality of life that frequently precedes them—are preventable because they are attributable to external environmental and behavioral factors. The following diagram delineates the pathways by which root factors such as oppression and discrimination increase the frequency and severity of injury and illness.

An analysis of the underlying causes of illness and injury reveals three stages in the trajectory to poor health outcomes. First, people of color are born into a society that discriminates against them and are disproportionately subject to living in impoverished communities. Second, these fundamental conditions shape behaviors and the social and physical environment which people encounter. Third, lack of access to medical care and lower quality diagnosis and treatment for people of color leads to higher rates of sickness, disability, and mortality. Understanding these pathways in greater detail clarifies what action is needed to eliminate health disparities. The research is clear: significantly reducing the inequitable burden of disease and injury experienced by people of color requires a focus not only on access to and quality of care but also on
Improving health-related behaviors and fostering health-supporting community environments is fundamental for effective prevention. The Institute of Medicine has confirmed the impact of environment on health, illuminating the fundamental role of environmental factors in both directly impacting health and in shaping behavior and suggesting that such factors should be the focus of interventions to improve health outcomes. The evidence that the environment is far and away the major determinant of health has been marshaled time and time again.

The environment plays an important mediating role in shaping behavior. While education and counseling can play a role in influencing these individual behavioral choices, addressing environmental variables must be an essential element of a strategy to change behavioral patterns across groups. As Blum noted, “Individual behavior is most markedly affected, if not generated, by various aspects of the environment...Getting people to behave...encompasses only a small fraction of the routes to risk reduction and does not stand alone without significant support from major societal mechanisms.”

Focusing on behavior change alone ignores larger environmental factors that can work against the educational message.

In addition to shaping behavior, the environment also has direct influences on health. The quality of air, water, and soil tends to be worse in areas in which the population is either low-income or primarily people of color. Beyond specific toxins, other physical and social neighborhood conditions can directly affect health by producing higher stress levels which can contribute to poorer mental health and health outcomes. The impact of social, economic and political exclusion results in a ‘weathering’ whereby health reflects cumulative experience rather than chronological or developmental age. Stressors such as discrimination, inadequate incomes, unsafe neighborhoods, lack of neighborhood services, and multiple health problems all contribute to a wearing down of the body and subsequent poor health.

Given the influence of the environment on health and health behaviors, it is critical to specifically identify those factors that have the greatest impact on the development of health disparities. These factors comprise the pathways through which root factors play out on the community level and, if ameliorated, can help to reduce and eliminate disparities. Twenty key factors ‘cluster’ into four areas: built environment factors, social capital factors, services and institutions, and structural factors. The built environment is the man-made infrastructure of a community such as street design, public transportation, and permitted uses of buildings. Social capital includes the “connections among individual-social networks and the norms of reciprocity and trustworthiness that arise from them.” The availability of and access to high quality, culturally competent, and appropriately coordinated public and private services and institutions is a critical element for good health. Structural factors are overarching in nature, and rooted in broader systems or structures that have an impact on people and communities everywhere. Examples include employment and economic opportunities and marketing and advertising practices.
### Built Environment
1. Activity-promoting Environment
2. Nutrition-promoting Environment
3. Housing
4. Transportation
5. Environmental Quality
6. Product Availability
7. Aesthetic/Ambiance

### Social Capital
8. Social Cohesion and Trust
9. Collective Efficacy
10. Civic Participation/Engagement
11. Social/Behavior Norms
12. Gender Norms

### Services and Institutions
13. Public Health, Health, and Human Services
14. Public Safety
15. Education and Literacy
16. Community-Based Organizations
17. Cultural/Artistic Opportunities

### Structural Factors
18. Economic Capital
19. Media/Marketing
20. Ethnic, Racial, and Intergroup Relations

### B. Toward the Elimination of Health Disparities

The cost of poor health is far greater than the cost of preventing it. Illness and injury are not only concerns for doctors and patients; they have far reaching implications for the well-being, productivity, and quality of life of everyone. The health of the country depends, literally, on the health of all its residents. Achieving good health requires closing the health gap between people of color and whites. And closing the health gap requires preventing the onset of illness and injury whenever possible.

In its policy statement on *Research and Intervention on Racism as a Fundamental Cause of Ethnic Disparities in Health*, the American Public Health Association acknowledges the critical role that race plays in the trajectory to poor health outcomes. Working towards the elimination of social and economic inequalities *per se* is a critical aspect of efforts to reduce health disparities. In addition, a preventive approach that addresses environmental factors at the community level presents an opportunity to reduce disparities since such factors comprise the pathways through which root factors play out on the community level.

### III. Goals for APHA

The American Public Health Association seeks to promote the basic right of all people and all communities to equitable health outcomes. APHA will work:

- To foster greater involvement of public health professionals as advisors, educators, and advocates on issues related to health disparities;
- To promote understanding in government, public health, private practices, and policy making of the potential public health impact of increasing health disparities;
- To generate state and federal legislation addressing the elimination of health disparities;
- To ensure broader public access to information on health disparities, including information on the pathways by which root factors lead to disparate health outcomes;
• To encourage public health leaders, spokespeople, and advocates to become educated about and advocate for participation of key public and private sector agencies in the elimination of health disparities and to facilitate this involvement;
• To advance training among professionals at public health institutes and agencies such as the National Institutes of Health, the Center for Disease Control and Prevention, and Health and Human Services agencies to understand and incorporate knowledge of the critical pathways leading from root factors to health disparities into their work;
• To call for greater accountability of state agencies, including Education, Transportation, Housing, and Agriculture, in the prevention and elimination of health disparities, with a focus on enhancing the environments of communities of color;
• To promote increased federal funding for research on the links between root factors and health disparities; and
• To support increased federal funding for public health departments and non-governmental organizations to take action to eliminate health disparities.

References