

# Changing the Narrative: Creating a More Equitable and Just Society

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## Session outline

- Define health equity, health disparities and social drivers of health status
- Provide a brief history of the health equity concept and movement
- Review social determinants of health and their role in health equity
- Examine the role of systemic racism in health equity and disparities
- Describe the pivotal roles of housing, income and wealth distribution in health disparities
- Explore ways to reduce health disparities and increase health equity



## Defining health equity

Everyone has a fair and just opportunity to be as healthy as possible.

This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

*Braveman et al., 2017*



# Health disparities and health equity

- Health disparities are differences in health or in key determinants of health such as education, safe housing and freedom from discrimination that adversely affect marginalized or excluded groups.
- For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.
- Progress toward health equity is assessed by measuring how these disparities change over time.





## Complex forces underlie social determinants of health

“[I]nequities in health [and] avoidable health inequalities arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.”

*World Health Organization Commission on the Social Determinants of Health (2008)*



## Health equity: not a new concept

“Medicine is a social science and politics is nothing else but medicine on a large scale. Medicine has the obligation to point out problems and to attempt their theoretical solution. If medicine is to fulfill her great task, then she must enter the political and social life.

The physicians are the natural attorneys of the poor, and the social problems should largely be solved by them.”

Dr. Rudolf Virchow (1822-1901)



# United Nations Universal Declaration of Human Rights - 1948





## Racism as a public health and health equity issue

“Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call race), that unfairly disadvantages some individuals within communities and saps the strength of the whole society through the waste of human resources.”

Camara Phyllis Jones, MD, MPH, PhD - Past President American Public Health Association



# The public health impact of racism

Racism shapes both opportunity and access to resources that support health. It also contributes to growing health disparities between and across communities. For example:

- Within the US, up to a 7 year difference in life expectancy exists between racial and ethnic populations.
- Black women (across socioeconomic status groups) are 3x more likely than white women to die within one year of childbirth.
- Black, Indigenous and Hispanic Americans all have COVID-19 death rates that nearly triple that of white Americans.
- “Weathering” describes how the stress from coping with chronic toxic stresses, from structural and interpersonal racism and bias over a lifetime causes physiologic changes including accelerated aging and other adverse health outcomes.





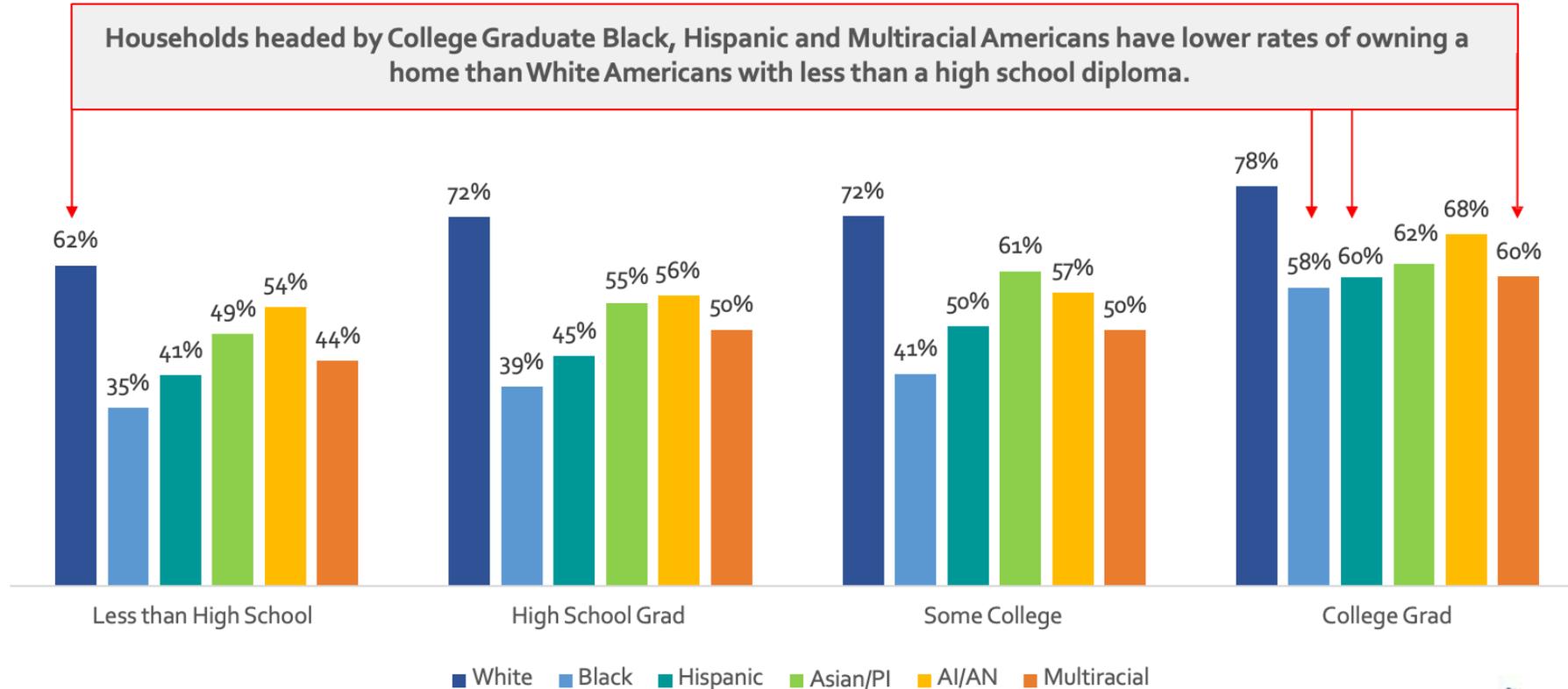
## “Redlining” and its legacy

- “Redlining” originated in the aftermath of the Great Depression when the federal government set out to evaluate the riskiness of mortgages in major metro areas.
- Maps were created by the federal Home Owners’ Loan Corporation color-coded by neighborhood for credit worthiness.
- Areas with Blacks and immigrants were almost always considered the highest risk and they were marked in red on maps.
- This practice resulted in systematic denials or selective price increases on numerous financial services to target residents in predominantly low and moderate income or African American neighborhoods.
- People who live in neighborhoods once redlined are more likely to experience shorter life spans (up to 20-30 years) than other neighborhoods in the same city.



# Housing policies and inequity in the US

Portion of Households Living in a Home They Own in the United States



Source: 2020 Health Opportunity and Equity (HOPE) Initiative Data available at [www.hopeinitiative.org](http://www.hopeinitiative.org) #HOPEData



# Health effects of poor housing/built neighborhoods

- Overcrowding
- Poor housing stock
- Limited opportunities for walking, biking, recreation
- Increased crime
- Extended exposure to environmental toxins/hazards
- Public transportation options limited
- Likely limited access to healthcare services.



# Income and wealth disparities in the US



## **“The failed promise of the Civil Rights movement”**

“Even as the Civil Rights movement struck down legal barriers, it failed to dismantle economic barriers. Even as it ended the violence of segregation, it failed to dismantle the violence of poverty.”

Leon Litwack, PhD



# Income inequality, mortality and morbidity

- Income is strongly associated with morbidity and mortality across the income distribution, and income-related health disparities appear to be growing over time.
- Income influences health and longevity through various clinical, behavioral, social and environmental mechanisms.
- Isolating the unique contribution of income to health can be difficult because this relationship intersects with many other social risk factors.
- Poor health also contributes to reduced income, creating a negative feedback loop sometimes referred to as the health-poverty trap.
- Income inequality has grown substantially in recent decades, which may perpetuate or exacerbate health disparities.

Position Papers | April 17, 2018

## Addressing Social Determinants to Improve Patient Care and Promote Health Equity: An American College of Physicians Position Paper FREE

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<https://doi.org/10.7326/M19-2410>





## **The American College of Physicians' Commitment to Being an Anti-Racist, Diverse, Equitable, and Inclusive Organization**

**Approved by the Executive Committee of the Board of Regents on behalf of the Board of Regents on September 28, 2020.**

Racism, racial disparities, discrimination, harassment and violence are public health issues. The American College of Physicians (ACP) has long fought against discrimination due to race, ethnic origin, nationality, cultural background and other personal characteristics. ACP policies have examined the prevalence of racism and discrimination in U.S. society and their role as a social determinant of health while calling attention to the public health impact of hate crimes and discrimination and the harmful consequences of racial, ethnic and gender disparities in health and health care.







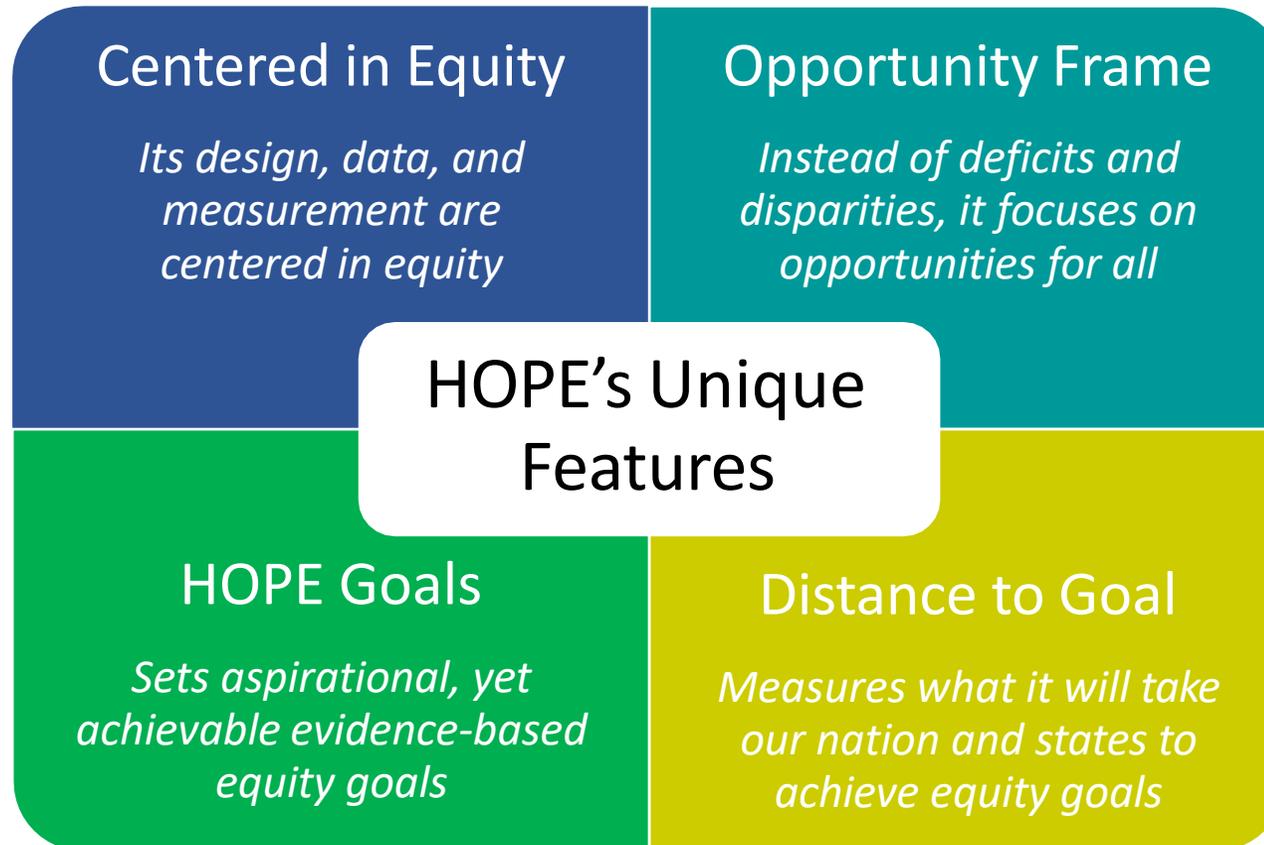
# About the HOPE Initiative

THE HEALTH OPPORTUNITY & EQUITY (HOPE) INITIATIVE

HOPE provides a new “opportunity” approach and actionable data to help our nation and states move beyond measuring disparities to spurring action toward health equity.



# HOPE's Unique Value & Contribution



# What Does HOPE Measure?

*27 conditions that are modifiable by policy and action*

Health Outcomes	Socioeconomic Factors	Community & Safety Factors	Physical Environment	Access to Health Care
Adult health status	Livable income	Low poverty concentration	Home ownership	Access to primary care
Mental health status	Affordable housing	Low homicide	Housing quality	Access to psychiatric care
Child health status	Post-secondary education	Low sexual assault	Low liquor store density	Health insurance
Premature mortality	Youth in school or working	Low physical assault	Food security	Affordable health care
Infant mortality	Preschool enrollment	Low robbery		Dedicated health care provider
Low birth weight	Employment			Colorectal cancer screening



# What Does HOPE Tell Us?

HOPE provides **a roadmap and actionable data** to help national and state leaders chart a path for achieving equity in opportunity and health

- **27 Indicators**
- **By Population Group**
  - Race and Ethnicity
  - Income
  - Education
- **By Geography**
  - National
  - State



# Takeaway 1: HOPE portrays an America that would be dramatically different if everyone had fair and just opportunities to thrive.



Achieving health equity involves more than just access to health care. How and where we live, work, and play determines many opportunities tied to overall well-being.

Source: The Health Opportunity and Equity Initiative, 2020

HOPE data show that if all individuals living in the United States had fair and just opportunities:



**70 million** more people would live in neighborhoods with low poverty



**55 million** more adults would live in households with a livable income



**54 million** more adults would achieve very good or excellent health



**32 million** more people would have food security

## Closing thoughts:

- Health disparities remain a significant barrier to optimal health for all Americans
- The root causes of health disparities are historic, complex and deeply embedded in our society.
- Although the concept of health disparities has existed for generations, the COVID-19 pandemic has shone a very bright light on its effects on historically marginalized individuals and communities.
- There is a greater sense of awareness and urgency to address the health disparities and find policy solutions that work.
- Together, we can reduce health disparities and thus create better lives for all Americans.

