PERSPECTIVE

Don't Forget About The Social Determinants Of Health

Although important for all age groups, factors not related to medical care are particularly salient for the healthy development of children.

by Gail R. Wilensky and David Satcher

ABSTRACT: The Obama administration faces daunting challenges to reform health care. The authors, commissioners on the World Health Organization's Commission on the Social Determinants of Health, believe that strategies to improve health by affecting the social determinants may gain bipartisan support. These determinants—including the effects of poverty, education, the treatment of women, employment opportunities, and limited access to medical care for some—are as important in promoting health, if not more so, than the direct medical determinants of health. Focusing on these determinants makes more sense than waiting until people become sick and seek care, and it often costs much less. [*Health Affairs* 28, no. 2 (2009): w194–w198 (published online 16 January 2009; 10.1377/hlthaff.28.2.w194)]

HEALTH CARE REFORM once again is high on the policy agenda of an incoming president, after having been debated extensively during the campaign. Despite the differences between the major-party candidates, there was much they agreed on—including the basic recognition that we spend much more on health care than other countries do without having comparable improvements in health outcomes. Although there is a clear need to improve the performance of the delivery system, the two of us are hopeful that the country will begin to recognize the importance of an even more fundamental set of issues: the so-called social determinants of health. These include the effects of poverty, education, early childhood education, treatment of women, employment opportunities, and individual empowerment on humans' health status and life expectancy.

Social Determinants: Background

We have spent the past three years as commissioners on the World Health Organization's (WHO's) Commission on the Social Determinants of Health, a twenty-member panel created in 2005 by the late WHO Director-General J.W. Lee. A major purpose of the commission was to identify strategies that could not only improve health for people around the world, but also reduce differences in health outcomes. As commissioners, we visited di-

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verse emerging and middle-income countries such as Chile, China, India, Iran, and Kenya, but we also studied developed countries such as Canada, Japan, and the United States. We saw the various strategies that different nations were adopting to improve the social determinants of health, as well as the devastating results of neglecting them. Among the most prominent results are huge differences in life expectancy. Incoming members of Congress, for example, may be surprised to learn that an African American male in the District of Columbia has a life expectancy of just sixty-three years—a stunning seventeen years less than the life expectancy of a white male in adjacent Montgomery County, Maryland.[1]

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The WHO commission and its report primarily refer to strategies to improve health "equity," while in the United States, the focus is usually on eliminating disparities in health outcomes. Despite the difference in wording, we believe that the meaning and intent of both are very similar. Focusing on the social determinants as a means of reducing disparities in health outcomes emphasizes the importance of the overall environment where people live and work. As important as is the question of where and how much health care people receive, it is this broader set of concerns that have the greatest impact on health. It's also true that although the purpose of many social and economic policies might not be to affect health, these policies will nonetheless have an impact on health outcomes and should be evaluated accordingly. In short, improving health will mean affecting all of government and society, far beyond the health sector.[2]

The importance of the social determinants of health is perhaps most obvious for developing countries. It has long been clear that basic sanitation and clean water are critical to a population's health. What's more, basic education and opportunities for safe employment are important not only for economic development but also for improving a population's health.

What may be less obvious is that these same social and economic factors are important in determining health outcomes in the developed world as well. Most of us know that the average life expectancy at birth in most parts of the developing world is much less than that of the developed world—around thirty-seven years in Botswana, compared with more than seventy-nine years in Japan, for example. However, far fewer know that the differences are nearly as great among groups in developed countries as well. The poorest males in Glasgow, Scotland, have a life expectancy of fifty-four years, whereas high-income males in that same city can expect to live eighty-two years.[3] And this occurs in a country where, in theory, all have equal access to the National Health Service (NHS).

The Social Determinants, Health Care Reform, And Children

Although we belong to different professions and have been political appointees in administrations of different political parties, we agree that it is urgent for the U.S. political system to embrace an agenda for health improvement based on an understanding of the social determinants of health. Importantly, there are practical strategies for doing so that may be able to gain bipartisan support. Many of these strategies have already been tested and proved; the challenge will not be inventing them, but rather putting known interventions into broader practice. Happily for policymakers—and taxpayers—these strategies are likely to prove at least as important for improving health as is addressing problems in the health care system, and probably at far less cost.

Although the rationale for considering the social determinants of health is important for all age groups, it is especially salient for children. Improving the conditions that shape early child development can improve opportunities for health throughout the life span. In

fact, many of the most vexing health problems that we face now and are projected to face in the future have their roots in the early years of life. These include conditions such as obesity, cardiovascular disease, cancer, and mental health problems—chronic conditions whose combined impact accounts for more than 75 percent of the cost of the U.S. health system today.[4] Reducing the incidence and prevalence of these conditions, or lessening their effects, could have large payoffs for future health costs in addition to improving health.

■ **Nutrition.** We know that high-quality nutrition during gestation and after delivery is critical to the healthy development of the child. There is also increasing evidence that the environment in the womb plays a role in later development in childhood and adulthood of obesity, type 2 diabetes, high blood pressure, and heart disease.[5] The federal government has long had in place mechanisms to improve nutrition for low-income populations, especially for children. These include the federal food stamp program and the Special Supplemental Nutrition Program for Women, Infants, and Children, known as the WIC program, which serves low-income pregnant, postpartum, and breastfeeding women and infants and children up to age five who are at risk for inadequate nutrition.

Yet in the midst of considerable economic weakness, the latest U.S. Department of Agriculture (USDA) data show that the number of U.S. children with very low food security rose by more than 60 percent during 2007, to 691,000.[6] Up to several million more children are projected to fall into poverty in the months ahead.[7] The likely stimulus package that the incoming administration and Congress are preparing may address these social determinants of child health, such as low family incomes and poor or unstable food access. Temporary extensions of assistance in the form of unemployment insurance or food stamp benefits will improve children's food security and thus their future health. The potential positive longer-term effects on child health, particularly that of disadvantaged children, should be evaluated as rigorously as the additional burden of temporarily higher deficit spending, although the relationship may be more difficult to establish.

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■ **Education.** Further investments in early childhood education, particularly for the poor, can also be a cost-effective mechanism for preventing disease, improving quality of life, and increasing productivity. All children need access to high-quality care that fosters early child development, but special attention needs to be given to the disadvantaged, the poor, and children whose development is lagging. Analyses of Early Head Start programs, which serve eligible children from birth onward, show the importance of good-quality child care in enhancing early development, especially for low-income children.[8] In particular, young children need safe, nurturing, caring, and responsive environments as well as opportunities to explore their world—to play, and to learn how to speak and listen to others.

Assuring children this type of healthy start in life will require an integrated policy environment for early childhood development, one that indicates the roles and responsibilities of each sector in society and a plan for their collaboration. Yet as important as are steps to improve child care and early education, policymakers must not stop there. Our WHO commission found that the conditions to which children are exposed—including the quality of relationships they are part of, the language they hear, and the environment around them—literally sculpt the developing brain. We need not imagine what happens when this environment is toxic in whatever respect, because the research has told us. For example, a group at the Harvard School of Public Health found that children who were exposed

to violence, such as witnessing murder at an early age, were twice as likely as other children to be victims or perpetrators of similar crimes later on.[9]

Beyond early childhood, there are many examples of programs that affect the health and education of children as they grow. Title I of the Elementary and Secondary Education Act of 1965 created a large, long-standing program that provided funding for schools with high concentrations of poor children. Now a component of the No Child Left Behind Act, the program today enables public and private schools to provide additional academic support and learning opportunities for low-achieving children.[10] A public-private partnership, the Action for Healthy Kids Program, founded in 2002, works with schools to help them help children adopt healthy lifestyles that include good nutrition and regular physical activity. And under the Child Nutrition and WIC Reauthorization Act of 2004, schools that participate in the Federal School Meals Programs are required to create local "wellness" policies that encourage better nutrition and more physical activity for kids.[11]

"Avoidable differences in health outcomes are inconsistent with the American dream."

It is perhaps understood, but benefits in terms of food stamps and other income-support structures need to ensure not only that a basic nutritious diet is provided but also that the diet includes fresh fruit and vegetables. Schools need to be given financial support that will allow these types of purchases, and purchasers need to have sufficient labeling of food products that will allow them to understand the calorie content and nutrition content of the food that is being purchased.

Not only are such interventions likely to improve health in later years, but research suggests that healthier and more active children will have fewer discipline issues and perform better on standardized tests in math and reading.[12] But it isn't at all clear how much progress these programs are making or how many local schools are implementing wellness programs, because of lack of funding. Congress and the Obama administration would do well to scrutinize this closely when the Child Nutrition and WIC Reauthorization Act comes up for renewal in September 2009.

■ **Reducing substance use.** A broader federal public health agenda aimed at improving the health of kids shouldn't stop with efforts to fight obesity. We have seen the success of the aggressive campaigns to reduce tobacco use from the 1970s and 1980s—but even so, more than one in five adults and high school students still smoke.[13] Anti-tobacco efforts must be renewed and extended with a vigor equal to that being mounted now to fight childhood obesity.

Too many children enter the world with serious medical challenges because their mothers had substance abuse problems. These women are almost always covered by Medicaid or other insurance, but for various reasons, they simply don't receive the care they need. More-aggressive intervention is needed to make sure that care is easily accessible, particularly to women in inner cities and rural areas. All pregnant women who want to enroll in substance abuse programs should be able to do so. Not covering the costs of these programs is beyond foolish—it is intolerable. It imposes huge financial burdens on the health care system and incalculable human costs on the children born to substance-abusing women.

■ **Access to care.** Finally, it is important to remember that access to medical care is also a social determinant, in the sense that income and education can influence the ability of various groups to obtain medical care. As one example, many children who are eligible for Medicaid or the State Children's Health Insurance Program (SCHIP) are currently not enrolled in these programs.[14] Parents' inability to read or understand information about these plans may play a role in this failure to enroll children in programs for which they are eligible. We need more-aggressive outreach to enroll these children, including parental education. Providing flexibility and more funding to

communities so that they can engage in a variety of outreach efforts should be part of the SCHIP reauthorization package, due no later than March 2009.

THE EXPECTATIONS for the Obama administration are great, and the challenges that it faces are daunting. As we move to reform our health care system, it is critical to remember that improving the conditions in which people are born, grow, learn, live, age, and die will have a great and, in some cases, an even more lasting impact on health than changes in medical care per se. Avoidable differences in health outcomes are not acceptable and are inconsistent with the American dream. A reinvigorated focus on the social determinants of health would seek to alter these avoidably different outcomes—and it must.

The views presented here are those of the authors and do not necessarily reflect the views of their respective institutions.

NOTES

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