To Improve Health, Don’t Follow the Money

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“Health makes wealth” is a familiar adage to which most Americans would nod in assent. As the world’s wealthiest nation, wouldn’t it follow that we should also enjoy the best health? We don’t, and we are so low in international rankings of longevity that our rank is closer to many developing countries than that of the more developed.

We don’t lack for investment in health care, spending about twice as much per capita as the next highest nation, despite our much poorer health outcomes.

For decades we have been psychologically and financially locked onto our healthcare system as the primary vehicle to improve the overall health of our population and to reduce the yawning health disparities by race, ethnicity, and geography. But looking harder in the wrong places can’t yield positive results.

To better understand the opportunities for health improvement, the Robert Wood Johnson Foundation (RWJF) perspicaciously sponsored a commission composed of distinguished thinkers from not only in health care but in other sectors. The assembled group was diverse in its disciplines, political ideologies, and experiences. Remarkably, however, after hearings and research, they unanimously concluded “… that building a healthier America will hinge largely on what we do beyond the healthcare system.”

Healthy People 2020, the current effort to set national health goals and objectives for the next decade, has also increased emphasis on identifying and modifying the societal factors that determine health and health disparities. Societal health determinants can be defined as “conditions in the social, physical and economic environment in which people are born, live, work and age.” For the first time, social determinants of health is one of the major topics for which objectives are being developed. Physical environmental health determinants also are receiving more emphasis under several Healthy People 2020 topics.

Why this newfound faith that emphasizing these determinants can have a major health benefit? It is because the evidence can no longer be ignored. As a prime example, while health may make wealth, the reverse is increasingly apparent. For most of our major causes of death and disability, income—or its proxy, formal education—a consistent inverse relationship exists between disease or injury burden and wealth. Further, both physical and social aspects of our communities appear to have independent effects on health risk factors. In Los Angeles County, for example, the prevalence of obesity in children averaged 31.5% in the ten of its 128 communities with the highest levels of economic hardship compared to 8.0% in the ten of its communities with the lowest levels of economic hardship, which are often only a few miles away. Analyses of physical activity, tobacco use, and sexually transmitted diseases reveal the same pattern. Communities with high levels of economic hardship are unhealthy communities, as the commission highlighted.

Consistent with the commission’s report, Healthy People 2020 has set as one of its two goals to “Eliminate health disparities among different segments of the population.” However, health equity is an impossible dream unless we engage all sectors in considering health implications when policies, programs, and practices are being established. This principle was given structure at the federal level in the Patient Protection and Affordable Care Act of 2010 (and its implementing executive order) as the National Prevention, Health Promotion, and Public Health Council. Chaired by the Surgeon General, the council is composed of the secretaries of the departments of Agriculture, Labor, Health and Human Services, Transportation, Education, and Homeland Security; the administrator of the EPA; the Federal Trade Commission chair; the directors of National Drug Control Policy and the Domestic Policy Council; the assistant secretary of the interior for Indian Affairs; chairman of the Corporation for National and Community Service; and the head of any other executive department or agency as the chair determines to be appropriate.

To provide leadership for federal-level efforts, the council is required to submit a national health strategy; recommend changes in federal policy to achieve national wellness, health promotion, and public health goals; and propose evidence-based models, policies, and innovative
approaches toward these goals. The formation of the council is the strongest possible testament to the premise that we can’t improve health and reduce disparities without stretching our efforts well beyond the healthcare system.

Understanding the interrelationships between these other sectors and health requires increased focus, both through research and policy analysis. Different analytic tools are required to both qualitatively and quantitatively draw the nexus between decisions in other sectors and health effects, both positive and negative. Health impact assessment (HIA)5 and modeling can help answer such questions as, “What would be the likely health effects if sugar in soda was taxed at 1 cent per teaspoon?” or “What health impact over time could be expected if the percentage of federal transportation funding dedicated to mass transit was doubled?”

Two key commission messages with deep resonance are (1) communities exert strong influences on population health, and (2) working with communities to improve health requires a long-term investment. The California Endowment, one of the largest health philanthropies with over $3.5 billion in assets, made a strategic decision to invest in partnership with 14 disadvantaged communities over 10 years to make them places where kids and youth are healthy, safe, and ready to learn. A similar approach is being taken by First 5 Los Angeles, a nonprofit organization supported by tobacco taxes, which invests over $100 million per year to improve health, safety, and school readiness in children aged 0–5 years and their families in Los Angeles County.

All of these efforts reflect growing recognition that we can’t optimize health without improving K–12 education, job training, public transportation, community safety, or school nutrition. And there is further consensus that the priority target for investment in better societal health determinants must be our children and their families. As Nelson Mandela reminds us, “There can be no keener revelation of a society’s soul than the way in which it treats its children.”

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References