



THE POLITICAL & SOCIAL DETERMINANTS OF HEALTH: A HEALTH-IN-ALL-POLICIES APPROACH

ANITA FERNANDER, PH.D.

ASSOCIATE PROFESSOR

COLLEGE OF MEDICINE, UNIVERSITY OF KENTUCKY



HEALTH DISPARITIES & INEQUITIES

- HEALTH DISPARITIES: GAPS IN HEALTH AND HEALTHCARE ACROSS GROUPS.
- HEALTH INEQUITIES: HEALTH DISPARITIES DUE TO AVOIDABLE OR REMEDIABLE DIFFERENCES IN HEALTH AMONG GROUPS OF PEOPLE.
- THE BURDEN OF POOR HEALTH IS ESPECIALLY HIGH ACROSS RACE/ETHNICITY, SOCIOECONOMIC STATUS, AND URBAN & RURAL REGIONS.
- **POLITICAL** AND **SOCIAL** INEQUALITIES HAVE CREATED HEALTH INEQUITIES.



HEALTH INEQUITIES IN KENTUCKY: HEALTH OUTCOMES: RANKED 43RD

- BLACK MEN HAVE SHORTER LIFE EXPECTANCY.
- BLACK INFANTS 2X AS LIKELY TO DIE.
- BLACKS HAVE HIGHER MORTALITY RATES DUE TO CANCER.
- BLACKS HAVE HIGHER MORTALITY RATES DUE TO CEREBROVASCULAR DISEASE.
- BLACKS HAVE HIGHER MORTALITY RATES DUE TO ASTHMA.
- BLACKS HAVE HIGHER MORTALITY RATES DUE TO DIABETES.



RACE IN THE U.S.: A HISTORICAL VIEW

- SCIENTIFIC RACISM & BIOLOGICAL DETERMINISM
- RACE AS A SOCIO-POLITICAL INVENTION
- RACE IS NOT BIOLOGICAL *BUT*
- RACE HAS *BECOME* BIOLOGY



RACE IN THE U.S.:
A CONTEMPORARY VIEW

***“RACE” HAS JUSTIFIED
POLITICAL AND SOCIAL
INEQUALITIES AS NATURAL,
STANDARD, COMMON, AND
ACCEPTABLE.***



THE **POLITICAL** DETERMINANTS OF HEALTH INEQUITIES

- POLITICAL DETERMINANTS OF HEALTH INEQUITIES ARE LEGALIZED PROCESSES OF STRUCTURING RELATIONSHIPS, DISTRIBUTING RESOURCES, AND ADMINISTERING POWER.
- THERE ARE THREE MAJOR DRIVERS OF POLITICAL DETERMINANTS:
 - **VOTING**
 - **GOVERNMENT**
 - **POLICY**
- POLITICAL DETERMINANTS ARE THE DRIVERS OF SOCIAL DETERMINANTS.



THE SOCIAL DETERMINANTS OF HEALTH INEQUITIES

ACCOUNT FOR UP TO 80% OF HEALTH RISK

- ECONOMIC STABILITY
- EDUCATIONAL OPPORTUNITIES
- EMPLOYMENT OPPORTUNITIES
- NEIGHBORHOOD AND PHYSICAL ENVIRONMENTS
- COMMUNITY & SOCIAL CONTEXTS
- HEALTH CARE PROVIDERS AND SYSTEMS
- THE **EMBEDDEDNESS OF RACISM** IN THESE SOCIAL DETERMINANTS AND THE **LIVED EXPERIENCE OF RACISM**



ECONOMIC INSTABILITY & RACISM

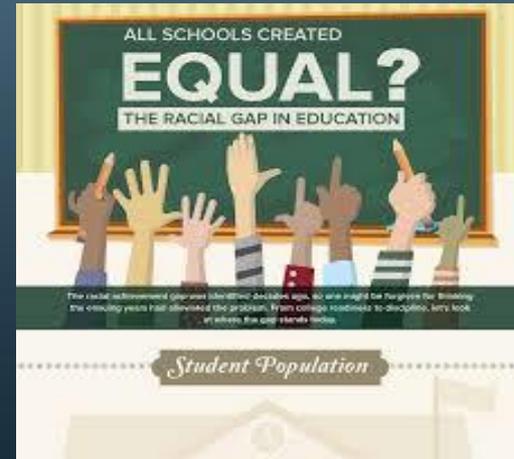
- **POVERTY**
- ***WEALTH***
- **EMPLOYMENT
& WAGES**





EDUCATIONAL OPPORTUNITIES & RACISM

- EARLY CHILDHOOD EDUCATION & DEVELOPMENT
- HIGH SCHOOL GRADUATION
- HIGHER EDUCATION





NEIGHBORHOOD, PHYSICAL ENVIRONMENT & RACISM

YOUR ZIP CODE MATTERS MORE THAN YOUR GENETIC CODE

IMPACT OF RED-LINING:

- AIR POLLUTION
- POOR WATER QUALITY
- LACK OF GREEN SPACES
- FOOD DESERTS
- SUBSTANDARD HOUSING
- LIMITED ACCESS TO HOSPITALS AND CLINICS
- DISPARATE IMPACT OF CLIMATE CHANGE





COMMUNITY, SOCIAL CONTEXT & RACISM

- SOCIAL AND ECONOMIC COHESION
- HOMELESSNESS
- CRIMINAL JUSTICE SYSTEM
- POLICING
- CIVIC ENGAGEMENT





HEALTHCARE ACCESS/TREATMENT & RACISM

- AA'S ARE LEAST LIKELY TO HAVE MEDICAL INSURANCE...
- AA'S ARE MORE LIKELY TO BE UNDERINSURED...
- AA'S ARE LESS LIKELY TO SEE A MEDICAL PROVIDER DUE TO COST...
- AA'S ARE MORE LIKELY TO INCUR SUBSTANTIAL MEDICAL DEBT...
- AA'S ARE LEAST LIKELY TO HAVE A PRIMARY CARE PROVIDER..

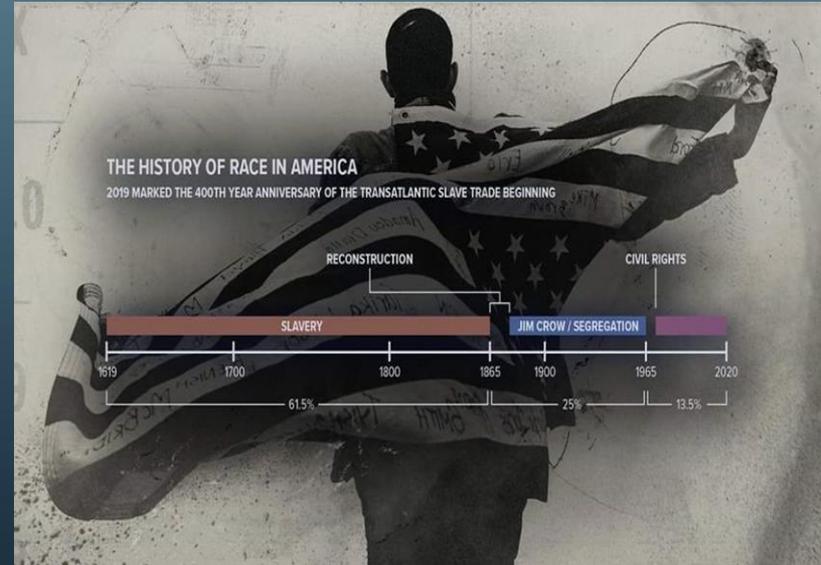
THAN THEIR WHITE COUNTERPARTS.





BLACK LIFE IN THE U.S.

- **ENSLAVEMENT (1619-1865):** MINIMAL OR NO HEALTHCARE WAS PROVIDED FOR AFRICAN AMERICANS.
- **RECONSTRUCTION AND JIM CROW (1865-1965):** UNEQUAL AND INADEQUATE HEALTH CARE FACILITIES, ACCESS, AND TREATMENTS.
- **CIVIL RIGHTS & CIVIL RIGHTS 2.0 (1965-2020):** RACIAL DISPARITIES IN MEDICAL CARE AND TREATMENT.



SOCIAL JUSTICE APPROACH TO HEALTH: HISTORICAL PRECEDENTS

- **RECONSTRUCTION: 1865-1872**
- **BLACK CIVIL RIGHTS MOVEMENT:
1965-1975**



HEALTH IN ALL POLICIES: HEALTH DISPARITY IMPACT REVIEW



- MORAL ARGUMENT
- ECONOMIC ARGUMENT
- PERFORMANCE ARGUMENT
- NATIONAL SECURITY ARGUMENT



***“OF ALL THE FORMS OF INEQUALITY,
INJUSTICE IN HEALTH IS THE MOST
SHOCKING AND INHUMANE”***

--- REVEREND MARTIN LUTHER KING, JR.