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.

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.