Making America Healthier for All: 
*What each of us can do*

David R. Williams, PhD, MPH
Florence & Laura Norman Professor of Public Health
Professor of African & African American Studies
and of Sociology
Harvard University
Patterns of America’s Health

What are the Problems?
We Are Not the Healthiest

- U.S. ranks near the bottom of industrialized countries on health, and we are losing ground
- 1980 = 11th on Life Expectancy
- 2014 = 35th on Life Expectancy
- U.S. Ranked behind South Korea, Greece, Cyprus, Cuba and Lebanon
- And it is not just the minorities doing badly!
- In 2014, White America would be = 34th
- In 2014, Black America would be 96th
Life Expectancy Ranking, 2014

1. Japan
2. Italy
3. Switzerland
4. Singapore
5. Spain
5. Iceland
12. Korea South
14. Chile
20. Portugal
20. Greece
20. Ireland
20. Germany
29. Cyprus
29. Denmark
32. Costa Rica
32. Cuba
34. Lebanon
35. United States

United Nations Development Fund, 2015
Life Expectancy Ranking, 2014

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34. U.S Whites
35. United States
96. U.S Blacks

A Larger Context for Disparities

A 2013 IOM report indicated that the poorer health of Americans compared to people in other rich nations

- is evident at all ages, from birth to 75
- even the most advantaged Americans (high SES, healthy behaviors and health insurance) had worse health than their peers in other affluent countries

All Americans are far less healthy than we could, and should be

Socioeconomic Status (SES) is a central determinant of the distribution of valuable resources in society.
SAT = Scholastic Aptitude Test
OR

Student Affluence Test?
SAT SCORE by Family Income

SAT Score (Math, Reading & Writing)

Annual Household Income: Dollars

SAT Score
1800 1700 1600 1500 1400 1300 1200
0-20 20-40 40-60 60-80 80-100 100-120 120-140 140-160 160-200 200+

1324 1403 1463 1503 1543 1579 1591 1618 1636 1722
Relative Risks of All-Cause Mortality by Household Income Level: U.S. Panel Study of Income Dynamics

P. McDonough, Duncan, Williams, & House, AJPH, 1997
There are Large Racial/Ethnic Differences in SES
### Median Household Income and Race, 2013

Racial Differences in Income are Substantial:

<table>
<thead>
<tr>
<th>Race</th>
<th>Income Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>1 dollar</td>
</tr>
<tr>
<td>Asian</td>
<td>1.15 dollar</td>
</tr>
<tr>
<td>Hispanic</td>
<td>70 cents</td>
</tr>
<tr>
<td>AI/AN</td>
<td>62 cents</td>
</tr>
<tr>
<td>Black</td>
<td>59 cents</td>
</tr>
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</table>

U.S. Census Bureau (DeNavas – Walt and Proctor 2014)
Median Wealth and Race, 2011

For every dollar of wealth that Whites have, Asians have 81 cents, Blacks have only 6 cents, and Latinos have only 7 cents.

U.S. Census Bureau, 2014
Life Expectancy, Indigenous Men

Maori, Aboriginal, First Nation, Am Indian & Alaskan Native; Bramley et al. 2004
Life Expectancy Lags, 1950-2010

Source: NCHS, Health United States, 2013
# Life Expectancy At Age 25

<table>
<thead>
<tr>
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Improving America’s Health

What Can We Do?
Improving America’s Health

Care that Addresses the Social context
Why treat illness and send people back to live in the same conditions that made them sick in the first place?
New Questions

- How can we identify patients’ non-medical health needs as part of their overall care?
- How can we connect patients to local services/resources that help people avoid getting sick in the first place or better manage illness, including mental health needs?
- How can we be a strong leader and champion to collaborate with other sectors to improve health where patients live, learn, work, and play?
- How can we connect community residents to jobs in the health care sector – one of the largest employers?
- How can we use community health workers to provide services or link patients to needed supports?
Medical Legal Partnership

- Enables MDs to refer to new specialist: on-site attorney
- Most low-income persons face legal issues that affect the quality of life and their management of disease
- Adding lawyers to medical team can screen and assist families for social problems that affect effective care and illness management
- Stressors addressed in areas of unhealthy housing, immigration, income support, food, education access, disability, family law
- A child with asthma in a moldy apartment will not breathe symptom free, regardless of meds, without improved living conditions

Zuckerman et al. Pediatrics, 2004
Health Leads (formerly Project Health)

- College volunteers staff waiting rooms of hospital clinics or health centers.
- Assess patients needs re: food, housing, heating or other social issues
- These volunteers then “fill” the prescription for food assistance, housing improvement, etc. by connecting patients to local resources
- In 2010, volunteers secured needed resources for 57% of cases in 90 days
- Currently in waiting rooms of 23 hospital clinics or health centers.
Moving Upstream

• Changing the social, physical and economic environments that determine health and risk factors for health

• A complementary approach to individual and group level interventions

• Individuals in the intervention do not enroll and may be unaware of their participation

• May be implemented at low economic costs (removing vending machines or tobacco bans)

• Requires political will

Not a New Idea

- Improvements in sanitation in early 20th century
- Improvements in working conditions and equipment safety
- Seat belts in automobiles
- Laws regarding road safety
- Eliminating lead in paint and gasoline
- Reducing Drunk Driving
- Water Fluoridation

Policy Area

Place Matters!

Geographic location determines exposure to risk factors and resources that affect health.
### Our Neighborhood Affects Our Health

<table>
<thead>
<tr>
<th>Unhealthy Community</th>
<th>Healthy Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsafe even in daylight</td>
<td>Safe neighborhoods, safe schools, safe walking routes</td>
</tr>
<tr>
<td>Exposure to toxic air, hazardous waste</td>
<td>Clean air and environment</td>
</tr>
<tr>
<td>No parks/areas for physical activity</td>
<td>Well-equipped parks and open/spaces/organized community recreation</td>
</tr>
<tr>
<td>Limited affordable housing is run-down; linked to crime ridden neighborhoods</td>
<td>High-quality mixed income housing, both owned and rental</td>
</tr>
<tr>
<td>Convenience/liquor stores, cigarettes and liquor billboards, no grocery store</td>
<td>Well-stocked grocery stores offering nutritious foods</td>
</tr>
<tr>
<td>Unhealthy Community</td>
<td>Healthy Community</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Streets and sidewalks in disrepair</td>
<td>Clean streets that are easy to navigate</td>
</tr>
<tr>
<td>Burned-out homes, littered streets</td>
<td>Well-kept homes and tree-lined streets</td>
</tr>
<tr>
<td>No culturally sensitive community centers, social services or opportunities to</td>
<td>Organized multicultural community programs, social services, neighborhood</td>
</tr>
<tr>
<td>engage with neighbors in community life</td>
<td>councils or other opportunities for participation in community life</td>
</tr>
<tr>
<td>No local health care services</td>
<td>Primary care through physicians’ offices or health center; school-based health</td>
</tr>
<tr>
<td>Lack of public transportation, walking or biking paths</td>
<td>programs</td>
</tr>
<tr>
<td></td>
<td>Accessible, safe public transportation, walking and bike paths</td>
</tr>
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</table>
Why Place Matters?

Residential Segregation is a striking legacy of racism

• As is the forced removal and relocation of indigenous peoples
• The institutionalized isolation and marginalization of racial populations has adversely affected life chances in multiple ways
Racial Differences in Residential Environment

In the 171 largest cities in the U.S., there is not even one city where whites live in equal conditions to those of blacks.

“The worst urban context in which whites reside is considerably better than the average context of black communities.”

Sampson & Wilson 1995
Segregation Contributes to Large Racial/Ethnic Differences in SES
Residential Segregation and SES

A study of the effects of segregation on young African American adults found that the elimination of segregation would erase black-white differences in:

- Earnings
- High School Graduation Rate
- Unemployment

And reduce racial differences in single motherhood by two-thirds

Cutler, Glaeser & Vigdor, 1997
Improving America’s Health

Enhancing neighborhood and housing quality to improve health
Yonkers Housing Intervention

City-wide de-concentration of public housing

- Half of public housing residents selected via a lottery to move to better housing
- 2 years later, movers reported better overall health, less substance abuse, neighborhood disorder and violence than those who stayed
- Movers also reported greater satisfaction with public transportation, recreation facilities and medical care
- Movers had higher rates of employment and lower welfare use

Fauth et al. *Social Science and Medicine*, 2004
Moving to Opportunity

- The Moving to Opportunity Program randomized families with children in high poverty neighborhoods to move to less poor neighborhoods.

- Three years later, there were improvements in the mental health of both parents and sons who moved to the low-poverty neighborhoods.

- 10 to 15 years later, movers had lower levels of obesity, severe obesity & diabetes risk ($HbA_{1c}$)

Leventhal and Brooks-Gunn, 2003; Ludwig et al. NEJM, 2011
Purpose Built Communities

• Based on efforts in Atlanta’s East Lake district

• Purpose Built Communities uses integrative strategies including cradle-to-college educational opportunities, mixed-income housing, early child development programs, employment support and recreational opportunities

• Community engagement and philanthropy

• **Key:** addressing all of the challenges faced by disadvantaged communities simultaneously

• Purpose Built Communities in Atlanta, New Orleans, Indianapolis, Charlotte, among others
Implementing the Purpose Built Model

A Defined Neighborhood

- Mixed Income Housing
- Cradle-to-College Education Pipeline
- Community Wellness

A Strong Lead Organization

Strong local leadership. A proven national model. Best in class partners.
East Lake Meadows - 1995

**Safety**
- 18x national crime rate
- 90% of families victims of a felony each year
- $35 million a year drug trade

**Housing**
- 100% public housing
- 1400 residents in 650 apartments
- 40% of units unlivable

**Employment**
- 13% employment
- 59% of adults on welfare
- Median income of ~$4,500

**Education**
- One of lowest performing schools in Georgia
- 5% of 5th graders meet state math standards
- 30% graduation rate
## Villages of East Lake - Present

### Safety
- 73% reduction in crime
- 90% lower violent crime

### Housing
- High-quality, privately managed housing
- Mixed-income (50% public housing, 50% market rate)
- 1400 residents in 542 apartments

### Employment
- 75% employment in public housing, remainder in job training, elderly or disabled
- Median income of ~ $15k in public housing households

### Education
- ~1500 in Pre-K through 10th
- 98% meet or exceed state standards
- A top performing school in Atlanta and the state
Improving Residential Circumstances

• Policies need to address the concentration of economic disadvantage and the lack of an infrastructure that promotes opportunity that co-occurs with segregation for African Americans, American Indian reservations and increasingly for Latinos

• Nothing inherently negative about living next those of one’s own race

• Major infusion of economic capital to improve the social, physical, and economic infrastructure of disadvantaged communities

• One should not have to move to live in a better neighborhood

Williams and Collins 2004
Improving America’s Health

Improve economic well-being
Social Security and the Health of the Elderly

• An analysis of the impact of the social security program in increasing the SES of the elderly was conducted.

• It found that the initial implementation of the program was associated with mortality declines for the elderly.

• Subsequent increases in the level of social security benefits were also associated with mortality declines for the elderly.

Great Smoky Mountain Study, NC

- Natural experiment assessed impact of additional income on health of American Indians, aged 9 to 13 at baseline
- During longitudinal study Indian households receive extra income due to the opening of a Casino
- Adolescents in families receiving additional income had declining rates of deviant and aggressive behavior
- After four years of cash supplements, the level of psychiatric symptoms was similar to those of adolescents who had never been poor.
- Lower risk of psychiatric disorders in adolescents when youth lived at home persisted into young adulthood when most had moved out of their childhood home.

Great Smoky Mountain Study, NC

• This study also found that the additional income received by adolescents was associated with higher levels of education and lower incidence of minor criminal offenses in young adulthood and the elimination of racial disparities on both of these outcomes.

• These effects existed only for the households that were poor at the time of the inception of income supplements. Improved parenting appears to be responsible for the effects.

Economic Policy is Health Policy

In the last 60 years, black-white differences in health have narrowed and widened with black-white differences in income.
Mortality Changes, Men, 1968 to 1978
Ages 35 to 74

Cooper et al. (1981b)
Mortality Changes, Women, 1968 to 1978
Ages 35 to 74

Cooper et al. (1981b)
Improving America’s Health

Improve early Childhood
Carolina Abecedarian Project (ABC)

- 1972-77, economically disadvantaged children, birth to age 5, randomized to early childhood program
- Program offered a safe and nurturing environment, good nutrition and pediatric care
- At age 21, fewer symptoms of depression, lower smoking & marijuana use, more active lifestyle, & educational & vocational assets benefits
- In mid-30’s, lower levels of multiple risk factors for CVD and metabolic disease. Effects stronger for males

Carolina Abecedarian Project (ABC)

- Example: systolic BP 143 mm Hg in male controls vs. 126 mm Hg in the treatment group
- One in 4 males in control group met criteria for metabolic syndrome compared to none in the treatment group
- Lower BMI at zero to 5 yrs equals a lower BMI in their 30s

Campbell et al. AJPH, 2008; Campbell et al, Science, 2014
Child Poverty Rate

Child Poverty Rate

Big Questions

• How to bring these interventions to scale?
• What is the optimal timing and sequencing of specific interventions and the clustering and combinations that is needed to have the greatest impact for specific health outcomes?
• When and why are interventions differentially effective across population subgroups (SES and race/ethnicity)?
• How do we improve the health of disadvantaged racial/ethnic and SES groups more rapidly than the rest of the population in order to close the gaps in health?
Keys to Long-term Success

• Build the perspective of Health into all policy-making
• Including an explicit focus on health equity into policy-making
• Convene, enable and support cross-sectoral collaborations
• Develop institutional mechanisms to provide policy coherence and the constant need for action
• Developing consensus-based standard data and methods for surveillance systems linking health, health equity and their determinants
• Ensure data is available at the local level
• Invest in strengthening community capacity and the potential for community advocacy
Conclusions

1. All policy that affects health is health policy
2. Inequality in health is created by inequalities in society
3. SES and racial/ethnic disparities in health reflect the successful implementation of social policies.
4. Eliminating them requires political will, and a commitment to new strategies to improve living and working conditions.
5. Health officials need to work collaboratively with other sectors of society to initiate and support social policies that promote health & reduce health inequality
6. Our great need is to begin in a systematic and comprehensive manner, to use all of the current knowledge that we have.
7. Now is the time
"True compassion is more than flinging a coin to a beggar; it understands that an edifice which produces beggars needs restructuring."

- - Dr. Martin Luther King, Jr.