

Health and the Importance of Place: Poverty, Social Determinants and Their Influence on Disparities

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Weight of evidence supports that determinants:

- have a direct impact on the health of individuals and populations;
- are the best predictors of individual and population health and lifestyle choices;
- and interact with each other to affect health (Raphael, 2003).

Determinants within neighborhoods have independent effects on health:

- Neighborhood individual and socioeconomic status (SES) can literally get “under the skin,” affecting biological pathways leading to oxidative stress, cortisol inflammation, gene methylation –all linked to certain cancers, coronary heart disease, diabetes
- “Poor neighborhood conditions may put children at risk for developmental delays, teen parenthood, and academic failure, resulting in long term implications through the life course” (Brooks-Gunn, 1999)
- Disadvantaged neighborhood environments are associated with hazardous physical environments, poor performing schools and lack of public safety
- Factors such as access to healthy foods and the safety of the environment will determine a neighborhood’s influence on the residents’ health

How might the transformation from environment to poor health occur?

An example:

- residential segregation linked to racial differences in SES, leading to...
- racially and economically segregated areas lacking employment opportunities, high quality affordable food, and safe places to play and be physically active, which are also more likely to....
- contain environmental toxins and have higher crime rates, with...
- higher rates of uninsurance and sicker populations, and where...
- access to care is more likely to be poor--health care providers in these areas may face their own problems—20% of MDs care for 80% of black populations—may be less able to access resources for their patients, including specialty consultation and diagnostics

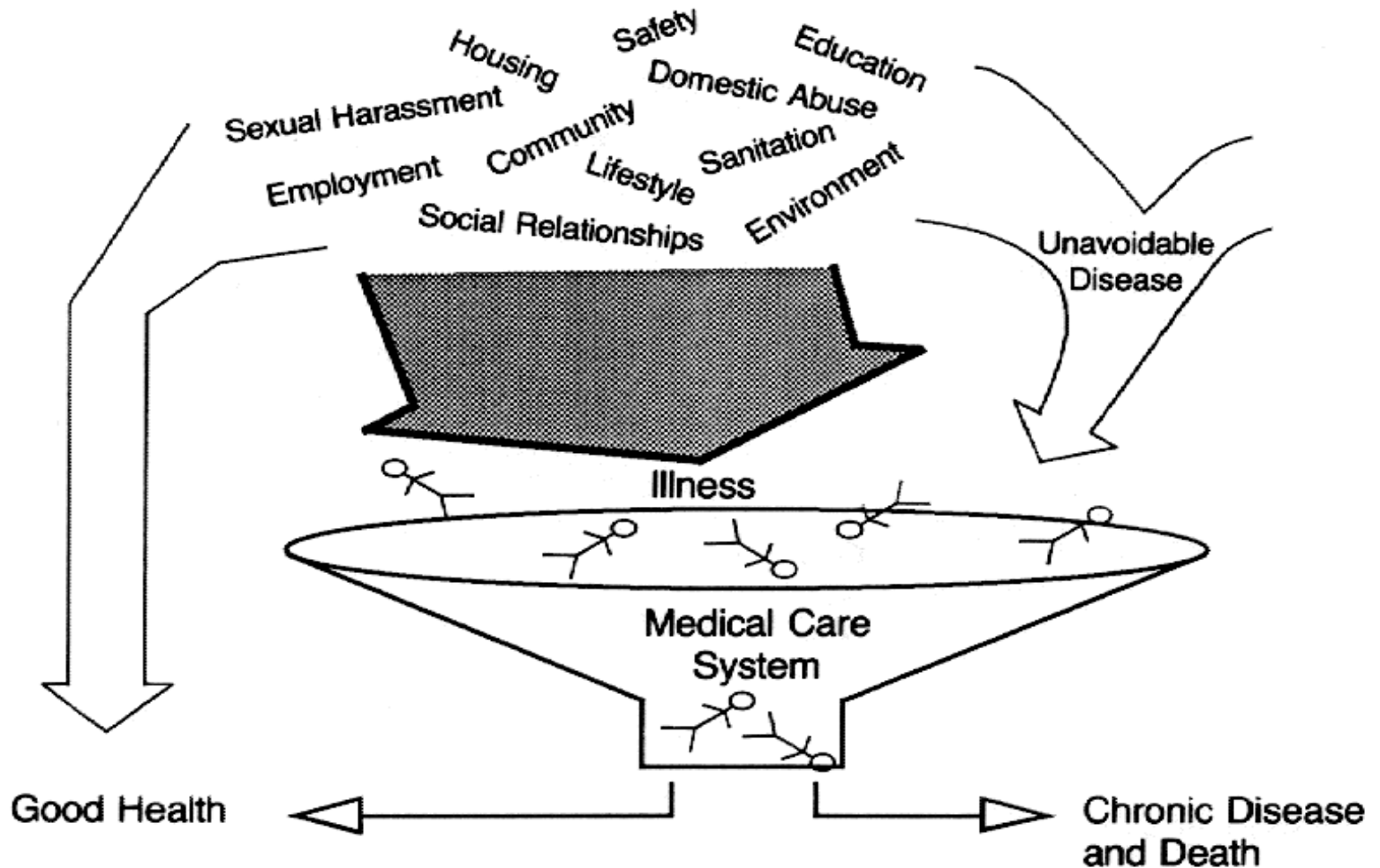



Fig. 1 The Current Health Care System

The medical care system functions as a funnel because individual illness is an outcome of, and final common pathway for, society's ills. —J. Horowitz


The New England Journal of Medicine

Vol. 329, Number 2: 1993, pg 131




Prevention, social determinants and the need for a shared vision

Actions to address the adverse affects of social determinants for improving health must recognize the complex interplay of medical, health care, public health and social factors, and pursue integrated solutions that cut across sectors.



A living “case study” of social
determinants and place:
suburban America



Demographic mobility and challenges to addressing needs of suburbs' growing poor and diverse populations

- By 2005 the number of poor living in suburbs, over 12 million, outnumbered those living in cities.
- Los Angeles, Miami, Washington, DC and Detroit now have fewer low-income residents than their suburbs.
- By 2007, nearly one in three suburban residents were non-white, more than one in ten foreign born and nearly one in five spoke a language other than English at home.

Driving forces behind these dynamics:

- New immigrants (nearly 40 percent) are bypassing traditional urban centers and settling in suburbs where there are concentrations of residents of similar racial/ethnic heritage
- Gentrification in cities is forcing previously urban residents to find less expensive places to live
- Growing employment opportunities, particularly in low-skill industries and opportunities to improve quality of life (e.g., higher-performing schools and lower crime rates).


Shifts in health care marketplace:

- Health care systems are increasingly concentrating services in wealthier, more homogenous suburbs and leaving the less financially lucrative suburbs with significantly fewer health care resources.
- In 2002, high poverty suburbs representing 44 percent of the total suburban population accounted for 17 - 22 percent of staffed beds, admissions, inpatient days and outpatient/emergency visits, trauma centers and PET scans.
- The wealthiest suburbs represented only 26 percent of the total suburban population, but 42 to 46 percent of staffed beds, admissions, inpatient days and outpatient/emergency visits; 50 percent of trauma centers, NICU beds and PET scans.
- Between 1996 and 2002, over one quarter (27%) of suburban public hospitals were closed or privatized—more than any other ownership group—continuing a 47 percent decline in public hospitals documented between 1980 and 1996.



Influence of social determinants:

- Fast-growing suburbs have become center ground for low-skill and low-wage service sector jobs that often offer little or no health insurance.
- Costly housing and limited rental options near places of work have cornered low-income families to economically declining suburbs, contributing to concentrated poverty, residential segregation and widening the spatial gap between place of residence and essential health, social and community resources.
- Lack of personal transportation for many low-income families as well as limited public transit near place of residence in particular pose potentially serious access barriers.



Actions addressing health and social determinants

Supporting a suburban health care safety-net:

- Supporting a viable and integrated safety-net will remain critical to ensuring access to health care for poor and diverse suburban residents
- CHC expansion in suburban supporting public and nonprofit hospitals to maintain links to vital specialty and tertiary services for vulnerable populations
- Revising community benefit obligations for tax-exempt nonprofit hospitals to require a minimal level of charity care (or financial match) that encourages greater shared responsibility for poorer residents
- Encouraging innovation: web-based referral systems; telemedicine technology; “hub” or “visiting specialist” programs, in which specialists work at primary care sites; cooperative agreements with regional hospitals providing specialty and tertiary care; and federal incentive programs such as the J-1 visa to place foreign-born specialists in diverse, high poverty suburbs



Building regional alliances to coordinate levels of care and tapping into city resources and experience:

- Primary-specialty networks of community oriented care—placing/coordinating community clinics care with city hospitals—the Parkland COPC model
- Bring together neighboring towns to pool resources to improve neighborhoods and address common social and health-related regional priorities—the First Suburbs Network
- Supporting extending city service and advocacy programs to suburbs



Integrating social determinants in health care programs and policies:

- Link health-related programs and policies with housing, transportation, education and employment
- Revise zoning practices to increase affordable housing availability
- Improve access to grocery stores with healthy food options and to walking trails
- Improve suburban public transportation systems, including better links to cities
- Create greater education opportunities such as early childhood development programs that are socio-culturally tailored to suburban communities



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