Questions for Today

Social and economic contexts of individual and population health as a function of how systems, structures and policies shape “individual choice”?

What are the unintended consequences of social welfare policies on family structure? What is the differential impact across race?

The role of partnerships to overcome environmental and organizational segregation, fragmentation to affect social mobility?
One critical moral function of public health. . . is to monitor the health of those who are experiencing systematic disadvantage as a function of group membership, to be vigilant for evidence of inequities relative to those in privileged social groups and to intervene to reduce those inequalities. (p. 88)
SYSTEMS AND STRUCTURES CAN LEAD TO INEQUALITY AND IMMOBILITY
Poverty vs. Near Poverty

• Family of 2 adults and 2 children: the poverty threshold is $23,283

• If you are below $23,283 you are in: POVERTY

• If you are above $23,283 and below $29,104 you are in: NEAR POVERTY
  – (near poverty is 100-125% of the poverty threshold, $23,283 x (1.00 to 1.25))
Figure 1.
Near-Poverty and Poverty Rate: 1966–2011

Note: For more information on sampling and nonsampling error, see <www.census.gov/apsd/techdoc/cps/cpsmar13.pdf>. Shaded areas indicate recessions.
Meaning of Near Poverty

• There will always be a group who will flow into and out of poverty
• This group will remain at the margin and will never be free from the threat of deprivation
• Near poor are intertwined with the working poor or working class, 50% of 25-64 year olds are in the labor force, and 70% of the near poor
Figure 10.
Moving Into and Out of Near Poverty: Evidence From 2011 and 2012
(In thousands)

Near poverty in 2011  Enter near poverty  Exit near poverty  Near poverty in 2012
3,923  +  3,296  −  3,140  =  4,079

Mechanisms of Movement

• Demographics and Demographic shifts over the Life-Course
  – Age, Gender, Family Size
• Educational Attainment
• Jobs: Employed, Unemployed, Underemployed
• Income
• Homeownership
• Life Events
• Marital Status
Study: Education Extends Longevity—Except for Black Males

Black Men Die by 65 at Quadruple U.S Rate

Research team member James S. Jackson, a University of Michigan psychologist, called the education effect on longevity “startling...Is there something about education that you can bottle, turn into a drug, and inject everybody with? And why isn’t it as protective for African Americans as it is for non-Hispanic whites?”

The benefit of education for African American males stops at 12 years, he said, and one theory is that young black men in school are safer than they are on the streets. But these men are clearly not beneficiaries of the new longevity: About 40 percent of the least-educated African American males who make it to age 25 will die before they are 65, the study found, as will 22 percent of the most-educated. For all other groups, the chances of dying by age 65 are only 10 percent.
Male Unemployment Ratios by Race/ethnicity, 2006-2010

THE INVISIBLE MAN

RESEARCH
Black men die early and frequently struggle against structures that negate them.

LIFE EXPECTANCY
- 70.7 years
  - Black men
- 76.3 years
  - White men
- 78.7 years
  - Hispanic men

Health Insurance
- 28.8% uninsured Black men
- 15.7% uninsured White men
- 22.4% uninsured Men Overall

Men are less likely to have health insurance than women, and Black men are less likely to have health insurance than White men.

Mortality from Disease
Compared with White men, Black men are...
- 30% more likely to die from heart disease
- 60% more likely to die from stroke
- 200% more likely to die from diabetes or prostate cancer

Eligible but Uncovered
- 6.8 million Black people, who are eligible, lack health insurance.
- 3.8 million Black men, who are eligible, lack health insurance.

Denied ACA Medicaid
- Of the 7 states with the nation’s highest percentage of Black people, only one state — Maryland — has expanded Medicaid eligibility. The six other states have denied expanded coverage to the poor, including millions of uninsured black men.

Mississippi
Louisiana
Georgia
Maryland
Florida
South Carolina
Alabama

Keith Elder, PhD, MPH, & Keon Gilbert, DrPh, MA, MPA, co-authored Men’s Health: Disparities in Confidence to Manage Health in the International Journal of Men’s Health (Fall 2013), and Trust, Medication, Adherence, and Hypertension Control in Southern African American Men in the American Journal of Public Health (December 2012). Elder is a 2009 New Connections alumnus and Gilbert is a current New Connections grantee.

For more than 40 years the Robert Wood Johnson Foundation has worked to improve the health and health care of all Americans. We are striving to build a national culture of health that will enable all Americans to live longer, healthier lives now and for generations to come. For more information, visit www.rwjf.org. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.
Child support debt compounds the struggle to secure a sustainable livelihood.

$7,900
Average income in the last year

$22,548
Average child support debt

55%
of fathers were jobless at the time of study

CHILD SUPPORT AND SOCIAL AND ECONOMIC MOBILITY

http://www.cffpp.org/childsupportdebt.php
Child Support Policies

• Child support policy enforcement has established 20% more child support orders, reduced its welfare recipient caseload to 14%, and now collects 69% of child support payments from garnishing non-resident father’s wage up to 65%.

• Debt created from mandatory payments becomes a burden and stressor on the resources needed to sustain children and parents.

• Poverty of Black fathers results from racism and unequal distribution of wealth.

• 25% of parents ordered to pay child support have no income, 31% have incomes less than $13,000.

• 26% of child support debt owed goes to the government and not the children.
Child support policies

- Can push poor families deeper into poverty
- Enforcement can interfere with father-child relationships
- Child support policies can impede long term financial stability
- Enforcement can diminish job prospects
- Child support debt can impact father’s families, friends, partners economic security
THE STRUCTURES OF INDIVIDUAL CHOICE
Social Determinants of Health

Our environments cultivate our, communities and our communities nurture our health.

When inequities are high and community assets are low, health outcomes are worst.

Violence
Substance Abuse
HIV/AIDS
Malnutrition
Stress
Obesity
Depression
Heart Disease

When inequities are low and community assets are high, health outcomes are best.

Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health (Ramierz, Baker, Metzler, 2008)
Examples of Social Determinants

• Availability of resources to meet daily needs (e.g., safe housing and local food markets)

• Access to educational, economic, and job opportunities

• Access to health care services

• Quality of education and job training

• Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities

• Transportation options
Class, Race and Ethnic Disadvantage

- Socioeconomic strata are populations with differential access to societal rewards
- Social classes are groups with differential access to societal rewards (emphasis on power)
- Races are populations of individuals with shared genetic history (often inferred, with lots of error, from simple physical characteristics such as skin color)
- Ethnic groups are populations with shared cultural history like country of origin, religion or language
- Class, racial, and ethnic disadvantage occur because:
  - Different classes, race, and ethnic populations have different socioeconomic position (SEP) than some comparison population
  - Different SEP, race, and ethnic populations suffer from additional stressors, over and above that experienced by some comparison populations, even ones at similar socioeconomic levels
Relative Position and Health: How Does it Operate?

- Power
- Social Participation (Social Capital)
- Social Environment (where we live, work, play, worship)
- Behavior (individual choice informed by access to information and skills)
- Over the Life Course
Law of small effects
(Jackson, 2004)

- No single factor that produces observed physical and mental health disparities in behaviors and outcomes among racial and ethnic groups in the U.S.
- Group of small differences that accumulate over the life-course to produce observed differences in adulthood and older ages among different race and ethnic groups
Potential Factors and Approaches

- Gene to gene and gene-environment interactions
- Discrimination and experiences of racism (stress process)
- Racialized and gendered experiences in the U.S.
- Cultural factors
- SES and institutional arrangements
- Behavioral factors
- Social and Psychological factors (John Henryism, Self-Efficacy, Collective Efficacy)
Mortality by Grade of Employment
Whitehall Men 25 yr Follow-up

Marmot and Shipley, 1996
Ecological Perspective

**Figure 20.2.** Illustrative Model of Relationships among Organizational Factors and Supports for Diabetes Self-Management. *(Reprinted with permission.)*
Brief 4 – Segregation: Divided cities lead to differences in health

Melody S. Goodman, MS, PhD, Washington University School of Medicine
Keon L. Gilbert, DrPH, MA, MPA, College for Public Health & Social Justice, Saint Louis University

Policies that led to:
- White families moving away from city centers and into suburban areas (White Flight)
- Housing discrimination against African Americans

Segregation

- Fewer banks invest in predominantly African American areas
- Lower house values
- Separation from people who can influence policy

High poverty

- Lower tax base
- Less funding for education and services like job training
- Poor job opportunities
- Businesses move out and fewer new businesses start

Adapted from University of Michigan’s The Geography of Race in the U.S., Economic Consequences of Segregation
- Home value: $78,000
- Income: $22,000
- 5% have Bachelor degree
- 99% African American

- Home value: $310,000
- Income: $47,000
- 67% have Bachelor degree
- 70% White
Areas with high concentrations of African American residents have higher rates of poverty.

http://forthegoodofall.org/
Areas with high concentrations of African American residents have higher rates of chronic disease.

<table>
<thead>
<tr>
<th>Heart disease mortality rates per 100,000 for all residents by ZIP code</th>
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<tbody>
<tr>
<td>103 – 196</td>
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<tr>
<td>197 – 270</td>
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<td>271 – 354</td>
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<tr>
<th>Cancer mortality rates per 100,000 for all residents by ZIP code</th>
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<td>129 – 170</td>
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</table>

Source: Chronic Disease MICA 2009–2010

http://forthesakeofall.org/
Why health, education, and economics?

- Persistent disparities
- The SES gradient in health
- Increasing gaps by education
- Resources and place matter

Frieden, 2010
MOVING BEYOND ORGANIZATIONAL FRACTURES TO ACHIEVE MOBILITY AND PREVENTION
Why Partnerships matter?

• Network & share information
• Plan & coordinate
• Implement specific projects
• Provide technical assistance & training
• Advocate
Benefits of partnerships

- Span boundaries between populations & organizations in various settings
- Minimize duplication of effort & services
- Build trust & respect among communities and organizations who previously experienced mistrust or conflict
- Effectively pool innovative talents & resources
- Reach previously untapped community assets
- Implement some interventions (e.g., policy & media advocacy) better than traditional public health & social service agencies
Characteristics of partnerships

• Well defined, specific issue

• Agreed upon vision & goal

• Solidarity among members

• Unambiguous adversary or health problem

• Strong leadership
Community Power
Sherry Arnstein

• Community participation is a categorical term for citizen power…the means by which they can induce significant social reform, which enables them to share in the benefits of the affluent society.

• But there is a critical difference between going through the ritual of participation and having the real power needed to affect the outcome of the process.
Ladder of Community Participation in Decision-Making

- Citizen Control
- Partnership
- Tokenism
- Therapy
- Manipulation
Potential for unified influence or action

• Empowerment is a social action process through which individuals, communities, and organizations gain mastery over their lives in the context of changing their social and political environment to improve equity and quality of life.

(Rappaport, 1984; Wallerstein, 1992)
A competent community

• A competent community is one in which the various component parts of the community are able to collaborate effectively on identifying the problems and needs of the community; can achieve a working consensus on goals and priorities; can agree on ways and means to implement the agreed upon goals; can collaborate effectively in the required actions

(Cottrell, 1983)
Dimensions of Community Competence

- Community Communication
- Participation in Community Life
- Social Support
- Commitment to the Collective
- Management of Relations with the Wider Society
Dimensions of Community Competence

• Conflict Containment and Accommodation

• Machinery for Decision Making

• Self/Other Awareness
Community Capacity

– The characteristics of communities that affect their ability to identify, mobilize and address social and public health problems, and

– The cultivation and use of transferable skills, knowledge, systems and resources that affect community and individual level changes, that are consistent with public health related goals and objectives.

### Dimensions of Capacity and Community Building

- Vision
- Trust and Entrée
- Understanding Community History
- Participation
- Sense of Community
- Community Values

- Leadership
- Skills
- Resources
- Social and Inter-organizational networks
- Community Power
- Critical Reflection
Challenges to partnership approaches

- Partnerships take time to build in order to be able to react to public health and social issues.
- Ownership of issues & power ultimately rests with partnership members.
- Issue (e.g., CVD, High School Drop-Out) has to resonate with stakeholders & take priority over other issues.
Identifying the most important issues of your community, using data to understand the needs, resources, and assets, will aid in establishing meaningful and productive partnerships to facilitate the work that ensures all lives matter and in particular, the lives of those who are often less heard matter.