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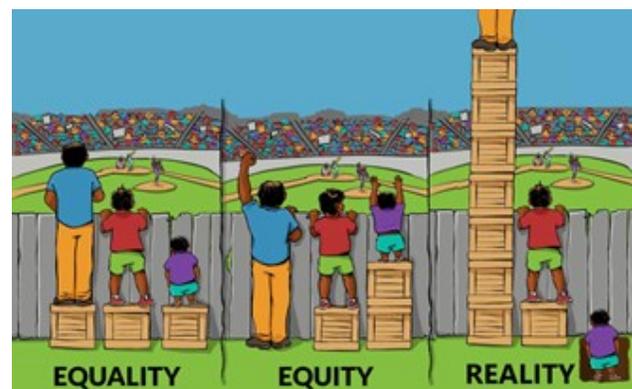
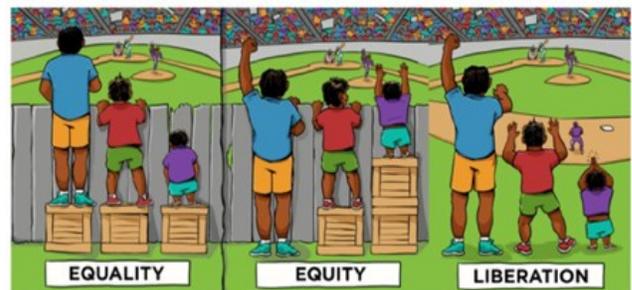
Policy Brief: Reducing Income Inequity to Advance Health July 2018

The Problem: How Inequity Harms Health

Americans are becoming increasingly aware of the expanding gap between the rich and the poor. However, most underestimate the drastic level of economic inequity and are only vaguely aware of its effect on health; despite the growing scientific consensus that economic inequity is detrimental to the general health of a population.¹ According to the Organization for Economic Cooperation and Development, the United States has the fifth highest income inequality among its 35 developed member nations.² One study estimates an excess of 884,000 deaths per year in the US are attributable to underlying income inequality.³ It's never been more important for WPSR, as an organization of health care professionals and advocates, to adopt a strategic policy to address economic inequity as a root cause of poor health in Washington state and nationally.

Further, WPSR seeks to specifically address the problem of economic *inequity* – as opposed to *inequality*. Whereas inequality connotes a simple difference or disparity, inequity suggests an unfairness, a disproportionate burden, an injustice. Previous attempts to address income inequality and inequity have focused on the redistribution of scarce

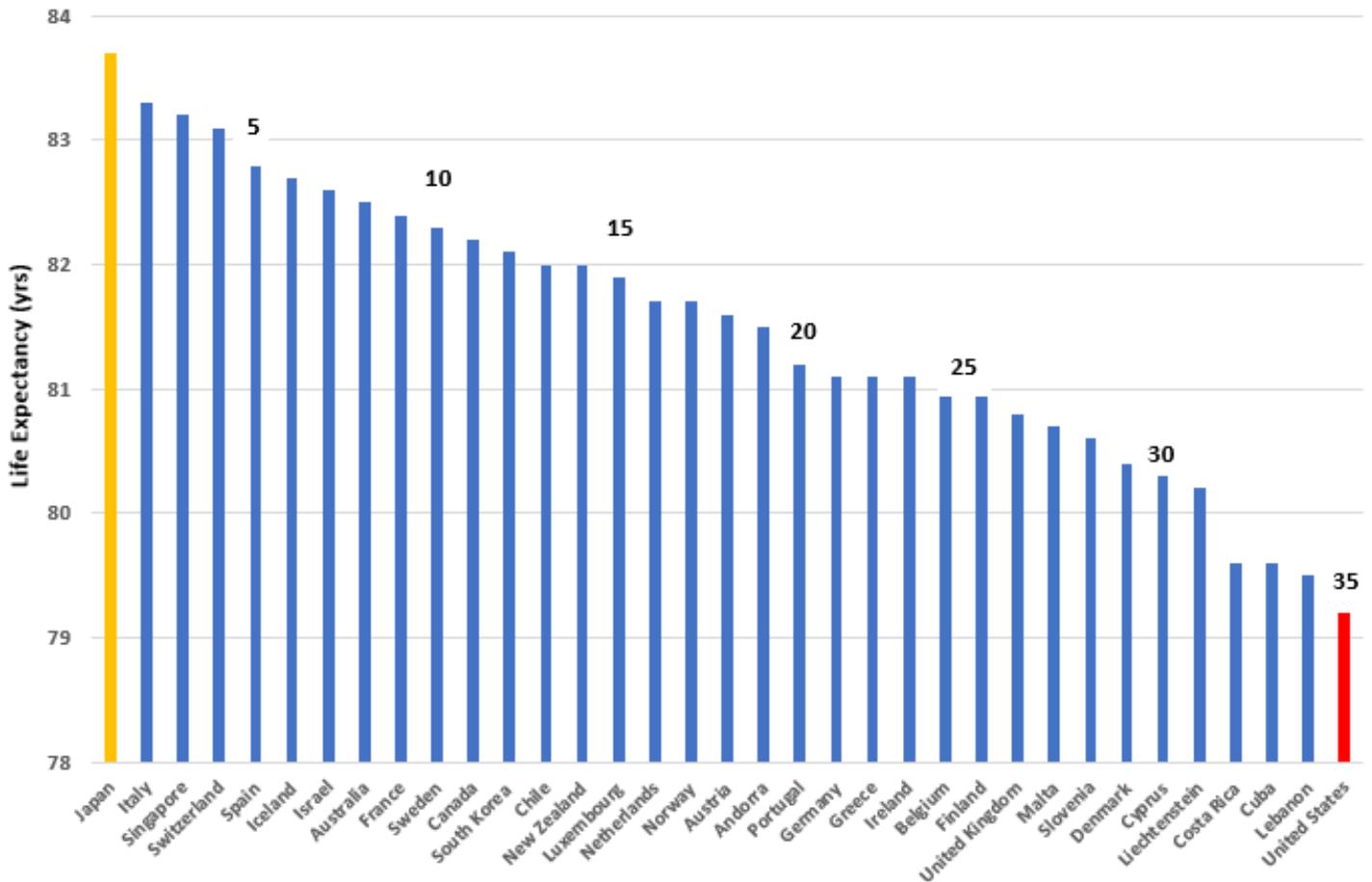
resources in an attempt to improve the health and lives of those whose needs are not being met. The current focus is to eliminate and/or reform the systemic barriers that are causing those inequalities and inequities in the first place. The following graphic may help highlight this distinction, and hint at the work involved in addressing inequities:



Source: Interaction Institute for Social Change

Health Olympics 2015

UN Human Development Report 2016



Graph (above): In the symbolic “Health Olympics,” whereby countries compete against each other for the gold medal in health outcomes, the US does significantly worse than other developed nations.

An *equal* society is one in which every member is given the same support, regardless of their needs. This assumes fairness is the default state and that providing the same treatment to every member will reinforce a level playing field. An *equitable* society is one in which individuals are provided with the support necessary for their success, based on how societal power structures have impacted their lives. The ultimate goal of an equitable society is justice, in which we eventually do not need supports or accommodations because the cause of inequity has been addressed.

Inheriting Poverty

Poverty has a pernicious intergenerational effect, as impoverished mothers are more likely to have unplanned pregnancies, reduced access to prenatal care, higher rates of smoking and obesity, and worse overall health⁴. The disadvantages stemming from poverty are essentially passed on to their children, since poverty causes increased exposure to stress, violence, and environmental hazards.⁵ These adverse life experiences have consistently been found to negatively affect physical health, socio-emotional development, and educational achievement.⁵ Without the political will for equitable investments in education, infrastructure, and social programs, communities will continue to suffer. The lack of access to high quality education, medical care, healthy foods, and livable wages will continue to instigate high levels of violence and incarceration, socioeconomic stagnation, and political disaffection, which hinders their ability to thrive.¹⁰

Inequity as a Social Determinant of Health

Social (or *non-medical*) determinants of health are “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks”.¹¹ They include factors such as access to high quality education, social connectivity, and income – all factors which affect health, but that are not typically addressed by a person’s visit to a doctor or hospital. Herein lies the reason why we must engage in political advocacy: clinical interventions alone cannot sufficiently protect the health of individuals and communities. Policy change is an essential “upstream” tool to help prevent poor health in the first place.

While the effect of economic inequity cannot be completely divorced from the effects of other social determinants of health (for example, education and social connectivity), economic inequity can be considered as its own, or an *additional*, social determinant of health. Behavioral interventions alone are insufficient to improve population health, as many behaviors that lead to poor health are closely linked with income and socioeconomic status. Therefore, income inequity can be thought of as an upstream social determinant driving higher levels of unhealthy behavior downstream.⁹ WPSR recognizes the fact that economic inequity leads to poorer health, as well as a need for a multipronged approach to these unjust outcomes of inequity.

SOCIAL DETERMINANTS FACTORS THAT INFLUENCE YOUR HEALTH

The conditions in which you live, learn, work and age affect your health. Social determinants such as these can influence your lifelong health and well-being.

HOUSING

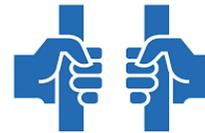


POVERTY



INCARCERATION

The incarceration rate in the U.S. grew by more than 220% between 1980 and 2014, though crime rates have fallen.



GRADUATION



HEALTHY FOOD

6.5 million children live in low-income neighborhoods that are more than a mile from a supermarket.



HEALTH COVERAGE



More than 89% of U.S. adults had health coverage in 2014. But 33 million Americans still lacked insurance.

ENVIRONMENT



ACCESS TO CARE



LITERACY



The **NATION'S HEALTH**

A PUBLICATION OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

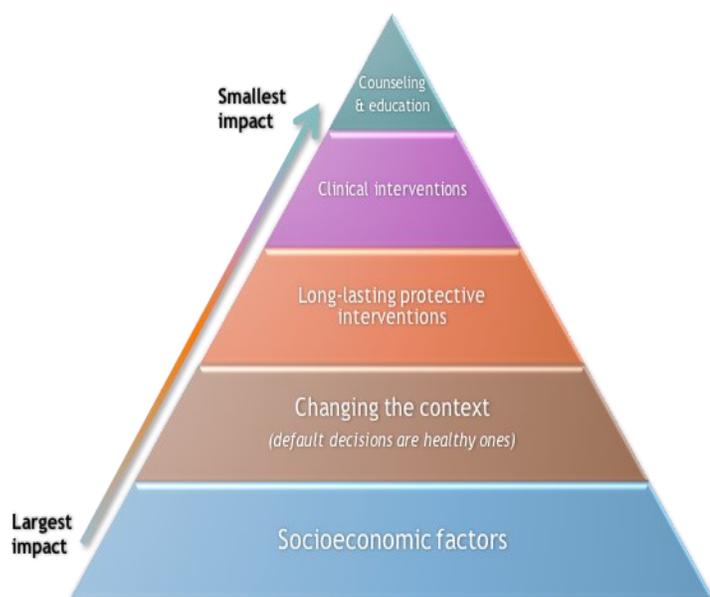
www.thenationshealth.org/sdoh

Working Upstream: Policies to Reduce Economic Inequity

Effective strategies to reduce economic inequity include government intervention through progressive taxation policies and effectively communicating the importance of reducing inequity to improve health to all constituencies. Policies that favor progressive over regressive taxation, limit tax havens, and expand tax subsidies to low-income households can reduce income inequity and provide funding for programs that enhance social mobility and health.^{12, 13, 14}

Additionally, expanding disability, sick, parental, childcare, healthcare, and unemployment benefits, as well as protecting safety net programs such as social security and government health insurance, can help protect those most affected by income inequality.^{15,16} Importantly, investments in early childhood education lead to significant improvements in educational attainment, income, and health.^{17, 18}

Understanding factors affecting health



Source: Frieden, T. R. (2010). "A Framework for Public Health Action: The Health Impact Pyramid." *Am J Public Health* 100 (4): 590-595.

WPSR's Approach

We believe that addressing the underlying, or "upstream", factors that have the greatest effects on population health is essential. Doing so will be beneficial to society at large and for generations to come.

However, we also seek to advocate for more "downstream" interventions, or immediate remedies to improve health for those who are currently suffering the ill effects of economic inequity.

WPSR supports the following approaches to address economic inequity and protect health.

I. Reduce Economic Inequity

WPSR seeks to reduce the growing gap between our state's richest and poorest citizens through:

- A. Adoption of **progressive taxation** policies in the state of Washington; and
- B. **Education** of health professionals and the public on the connections between economic inequality and health.

II. Reduce the Health Impacts of Inequity

WPSR recognizes that inequality kills, and we strive to prevent further deaths from the effects of inequality through:

- A. Advocating for **harm reduction strategies** that reduce the negative consequences associated with substance use disorders;
- B. Promoting a "**housing first**" approach to provide safe, permanent housing to people experiencing homelessness or housing insecurity regardless of sobriety or other behavioral health issues; and
- C. Supporting **early life investments** and interventions.

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