

# Achieving Health Equity in Santa Cruz County

## Health Equity: A New Framework

Health is about so much more than hospitals, insurance systems, or treatment protocols. In fact, our health is profoundly influenced by **social determinants** – where we live, our income, our education, and the color of our skin. Health equity concerns those differences in population health that can be traced to unequal economic and social conditions that are systemic, institutionalized, and many decades or even centuries in the making. Many studies have revealed a health-wealth gradient in which every descending rung of the socioeconomic ladder corresponds to worse health and lower life expectancy. Achieving health equity requires widening our lens to bring into view the ways in which

jobs, working conditions, race, housing, social inclusion, and even political power influence individual and community health.

*What this means is that housing policy is health policy. Education policy is health policy. Anti-violence policy is health policy. Anything we can do to improve the quality of life of individuals in our society has an impact on their health and is a health policy.*

## Santa Cruz County Health Equities Pilot Project

In 2008, local leaders convened a **Health Equities Group** to begin exploring the concept of health equity through the PBS series *Unnatural Causes*. This 4-hour video series sounds the alarm about the enormous socioeconomic and racial disparities in health and searches for their causes. Using the video along with local data, the Health Equities Group is piloting a project to facilitate community dialogues about the critical links between socioeconomic conditions and health. Conversations with government, social service, healthcare and other nonprofit organizations are designed to raise awareness about the concept of

health equity and determine how we can move toward greater health equity through the work of individual organizations, as well as through community-wide collaboration. Long-term, our vision is that these dialogues will be a catalyst for mobilizing Santa Cruz County residents to address health inequities in their neighborhoods through community organizing and policy reform.

## Health Equities Group 2009

Central California Alliance for Health  
Community Foundation of Santa Cruz County  
Health Improvement Partnership of Santa Cruz County  
Pajaro Valley Community Health Trust  
Santa Cruz County Health Services Agency  
Santa Cruz Women's Health Center  
Watsonville City Parks and Recreation  
Watsonville Law Center

## 10 Things to Know About Health Equity

- 1. Health is more than health care.** Doctors treat us when we're ill, but what makes us healthy or sick in the first place? Research shows that social conditions – the jobs we do, the money we're paid, the schools we attend, the neighborhoods we live in – are as important to our health as our genes, behaviors and even medical care.
- 2. Health is tied to the distribution of resources.** The single strongest predictor of our health is our position on the class ladder. Whether measured by income, schooling or occupation, those at the top have the most power and resources, and on average live longer and healthier lives. Those at the bottom are most disempowered and get sicker and die younger. Even among people who smoke, poor smokers have a greater risk of dying than rich smokers.
- 3. Racism imposes an added health burden.** Past and present discrimination in housing, jobs, and education means that today, people of color are more likely to be lower on the class ladder. Segregation, social exclusion, encounters with prejudice, the degree of hope and optimism people have, differential access and treatment by the health care system – all of these can impact health.
- 4. The choices we make are shaped by the choices we have.** Making healthy choices isn't just about self-discipline. Some neighborhoods have easy access to fresh, affordable produce; others have only fast food joints, liquor outlets and convenience stores. Some have nice homes, clean parks, safe places to walk, jog, bike or play, and well-financed schools offering gym, art, music and after-school programs, while others don't.
- 5. High demand + low control + chronic stress.** People at the top certainly face pressure but they are more likely to have power and resources to manage those pressures. The lower in the pecking order we are, the greater our exposure to forces that can upset our lives and the less access we have to the money, power, knowledge and social connections that can help us cope and gain control over these forces.
- 6. Chronic stress can be deadly.** Exposure to fear and uncertainty trigger a stress response. Our bodies go on alert: the heart beats faster, blood pressure rises, glucose floods the bloodstream – all so we can hit harder or run faster until the threat passes. But when threats are constant and unrelenting, our physiological systems don't return to normal. Like gunning a car, this constant state of arousal, even if low-level, wears down our immune systems over time, increasing our risk for disease.
- 7. Inequality – economic and political – is bad for our health.** The United States has by far the most inequality in the industrialized world – and the worst health. The top one percent now owns as much wealth as the bottom 90 percent. Tax breaks for the rich, deregulation, the decline of unions, racism and segregation, outsources and globalization, as well as cuts in social programs destabilize communities and channel wealth and power – and health – to the few at the expense of the many.
- 8. Social policy is health policy.** Average life expectancy in the U.S. improved by 30 years during the 20<sup>th</sup> century. Researchers attribute much of that increase to social reforms – for example, improved wage and work standards, universal schooling, and civil rights laws. Social measures like a living wage, paid sick and family leave, guaranteed vacations, universal preschool and access to college, and guaranteed health care can further extend our lives by improving them.
- 9. Health inequalities are not natural.** Health disparities that arise from our racial and class inequities result from decisions we as a society have made – and can make differently. Other industrialized nations already have in two important ways: they make sure absolute inequality is less, and they guarantee that everyone has a chance for prosperity and good health regardless of a family's personal resources. As a result, they live healthier, longer lives than we do.
- 10. We all pay the price for poor health.** It's not only the poor but also the middle classes whose health is suffering. We already spend \$2 trillion a year to patch up our bodies, more than twice per person what the average industrialized country spends. Yet our life expectancy is 30<sup>th</sup> in the world, infant mortality is 31<sup>st</sup> and lost productivity due to illness costs businesses more than \$1 trillion a year.