

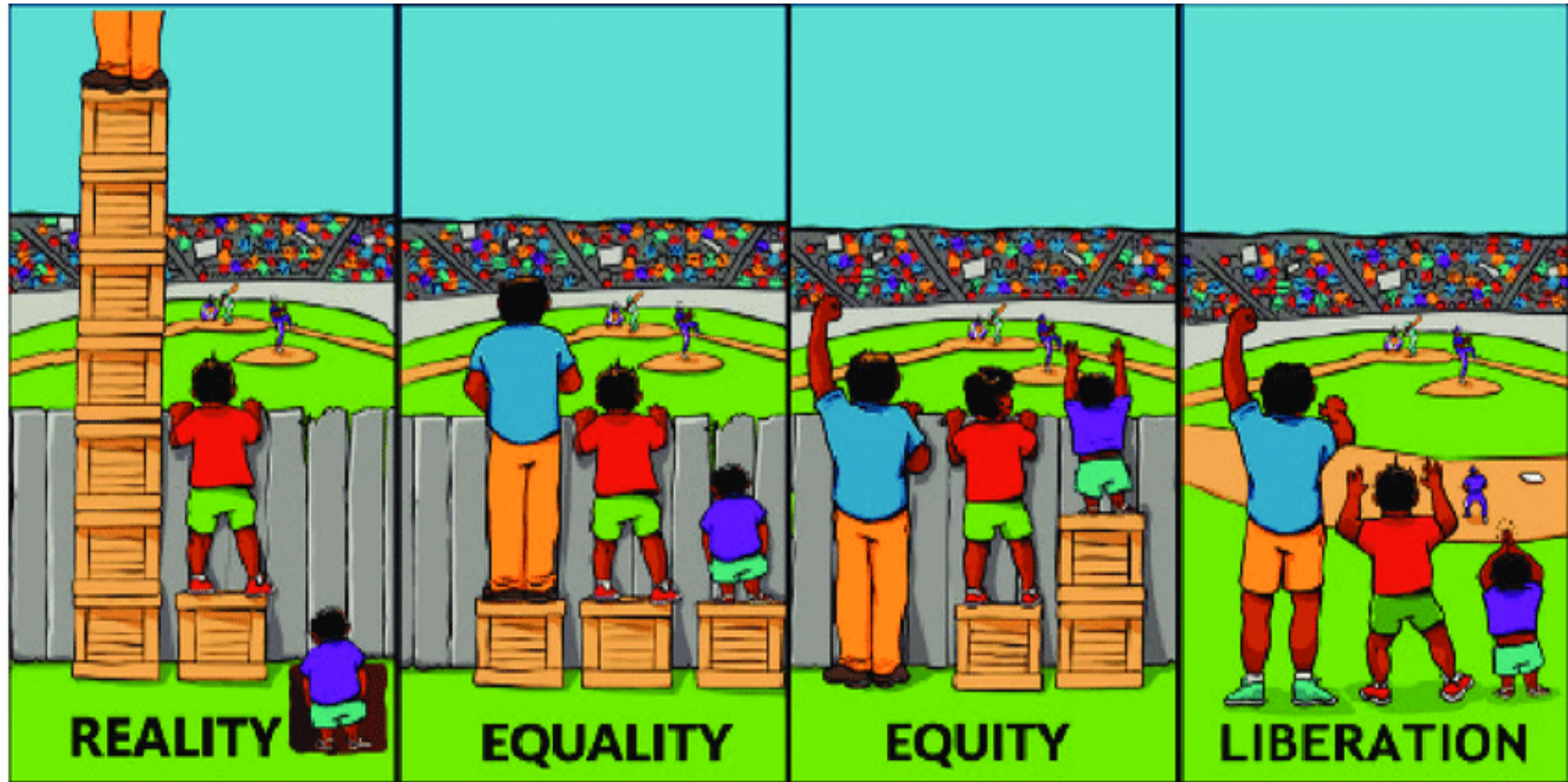
# Health and Poverty



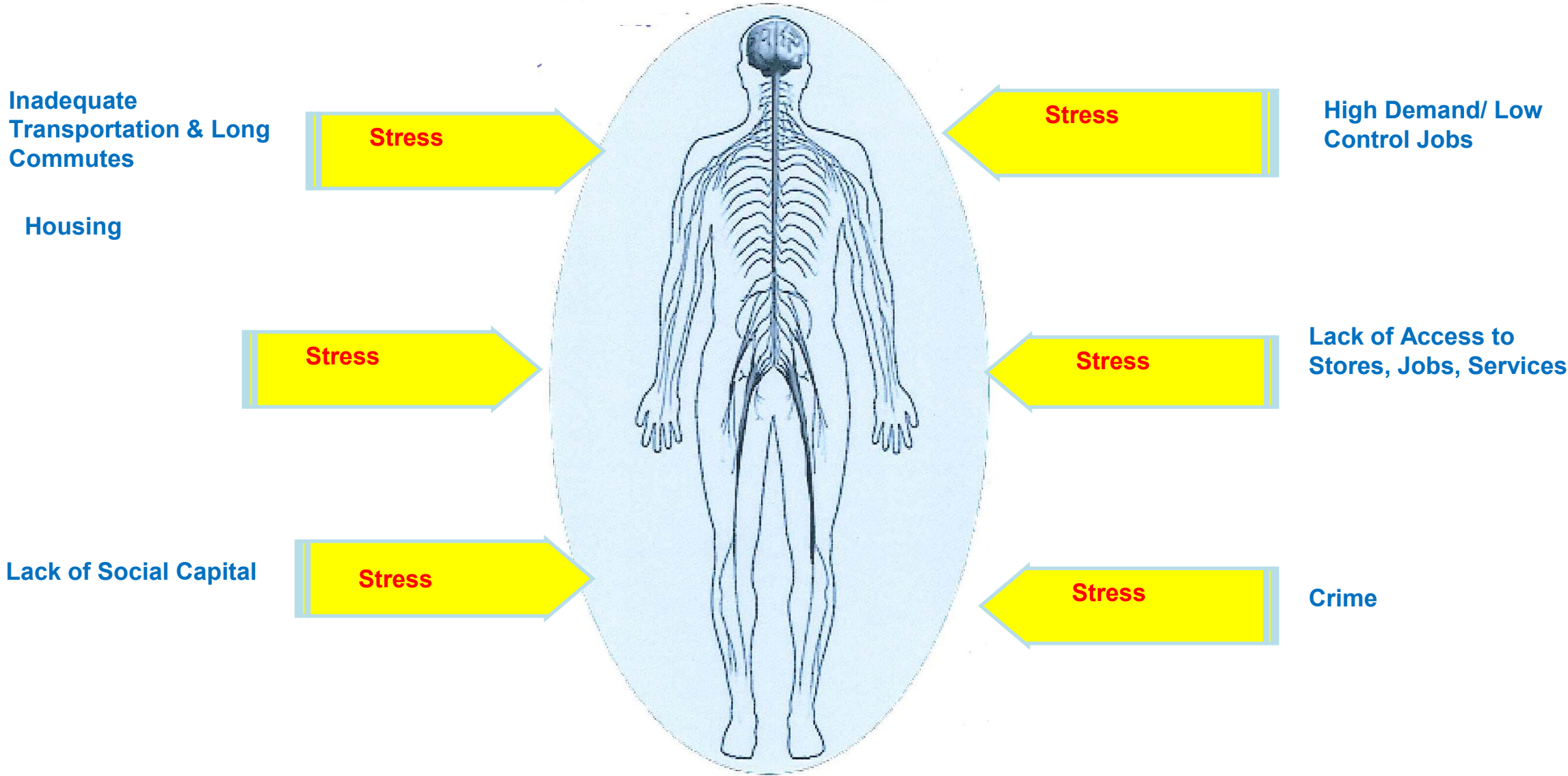
# RWJ Health Equity Definition

*“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles such as poverty, discrimination and their consequences; including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”*

# Health Equity



# When the External Becomes Internal:



# Fundamental Drivers of Health

Structural Discrimination  
Disparities in Opportunity  
Disparities in Political Power  
Income Inequality and Poverty  
Governance that limits meaningful participation

# Impact of Social Determinants of Health Issues

Social Determinant	Health Issues
Economic Stability	Financial Resources, Poverty, Employment, Food Security, Utility Needs, and Housing Stability
Education	Language and Literacy, Early Childhood Education and Development
Social and Community	Cohesion within Community, Civic participation, Discrimination, Conditions in the Workplace, and Incarceration
Health and Healthcare	Access to healthcare, Primary Care, Health Insurance Coverage, Health Literacy
Neighborhood and Built Environment	Quality of Housing, Access to Transportation, Availability of Healthy Foods, Quality of the Water or Air, and Neighborhood Crime and Violence.

# Social Determinants of Health and Equity

## Determinants of Health and Equity



Affordable, Healthy, Local Food



Equitable Law and Justice System



Healthcare + Physical Health, Mental Health and Substance Use Prevention Services



Family Wage Jobs and Economic Prosperity



Recreation, Parks and Natural Resources



Clean and Sustainable Natural Environments



Safe and Efficient Transportation



Quality Education



Affordable, Safe, Quality Housing



Strong, Safe and Vibrant Communities



Early Childhood Development



Civic Engagement and Community Connections

Core Values: Equity • Affordability • Access

# Health Determinants vs Health Spending

What **Makes**  
Us Healthy

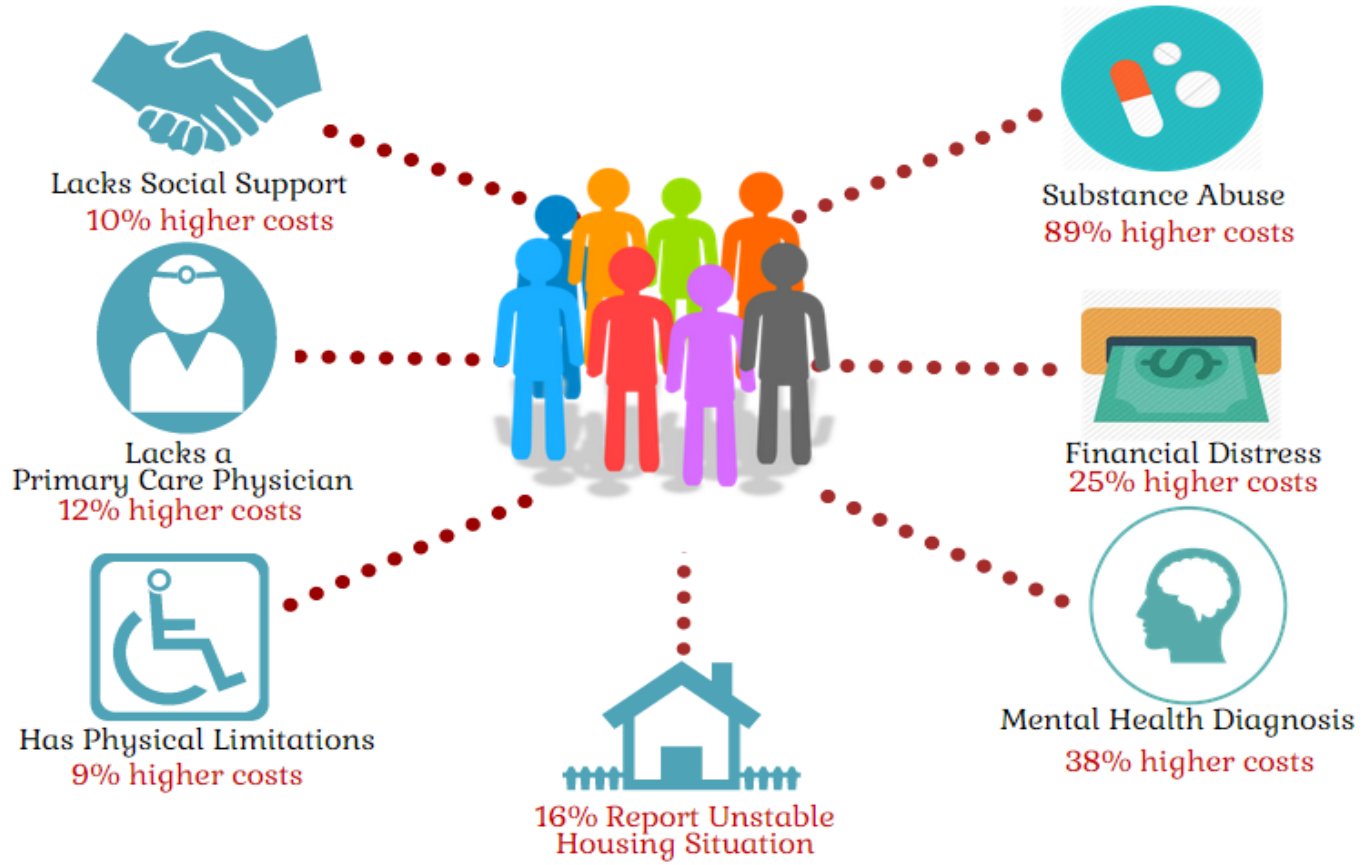


What We **Spend**  
On Being Healthy



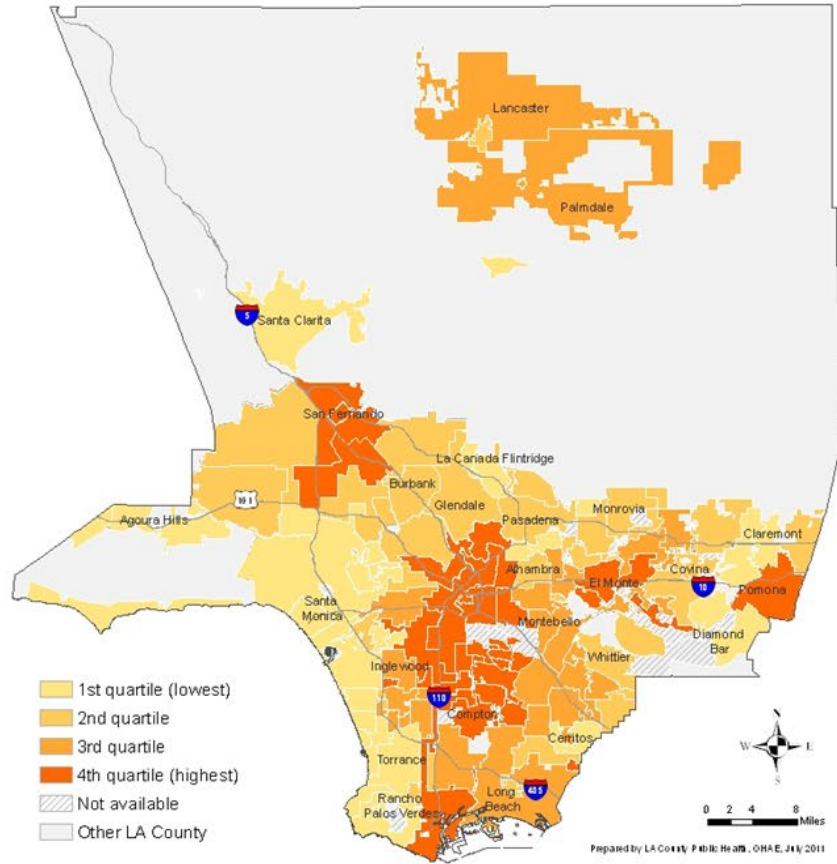


# Drivers of Health Cost

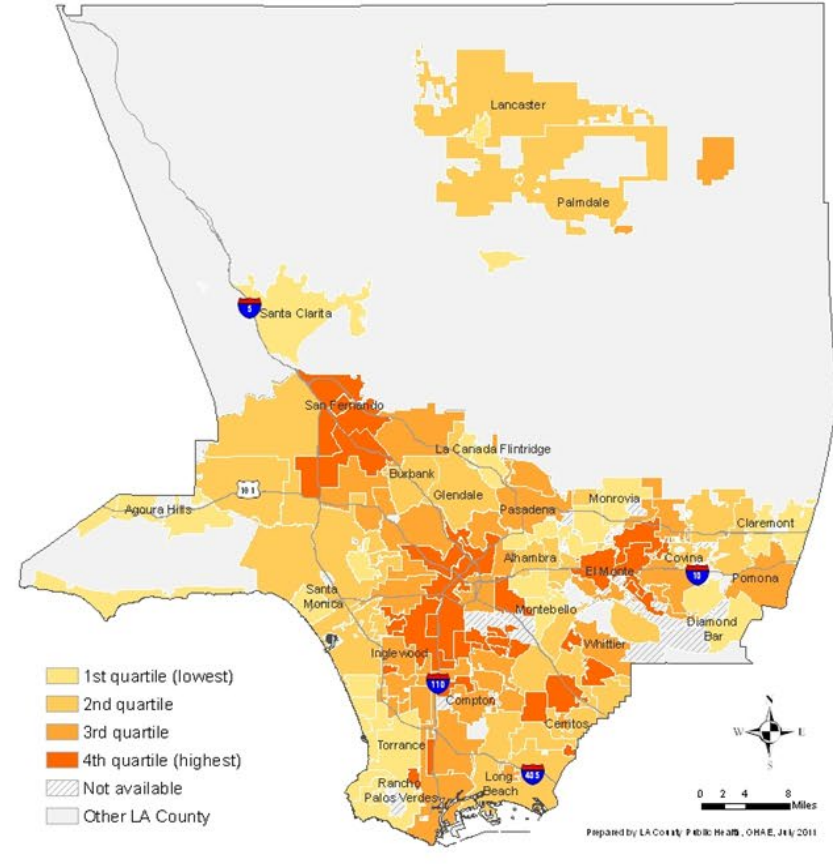


# Health and Social Inequity are Interconnected and Related to Place

Economic Hardship Index by City/Community, Los Angeles County, 2000



Prevalence of Childhood Obesity by City/Community, Los Angeles County, 2005



# Education matters / Place matters

WORSENING TRENDS, ACTION AGENDA

By Christina Bethell, Lisa Simpson, Scott Stumbo, Adam C. Carle, and Narangerel Gombojav

## National, State, And Local Disparities In Childhood Obesity

doi: 10.1377/hlthaff.2009.0762  
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**ABSTRACT** New data from the 2007 National Survey of Children's Health show that the percentage of children ages 10–17 who are overweight (body mass index in the eighty-fifth to ninety-fourth percentiles) remained stable, while the national prevalence of obesity (BMI in the ninety-fifth percentile and higher) grew significantly, from 14.8 percent in 2003 to 16.4 percent in 2007. This increase in obesity accounted for the entire increase in the combined prevalence of overweight and obesity between 2003 and 2007 (from 30.6 percent to 31.6 percent). An estimated 10.58 million children, or nearly one in three children ages 10–17, were overweight or obese in 2007. Our findings suggest that the obesity epidemic among children may not yet have reached its plateau for some groups of children. The data also reveal persistent and highly variable disparities in childhood overweight and obesity within and among states, associated with socioeconomic status, school outcomes, neighborhoods, type of health insurance, and quality of care. This requires policy makers' attention nationally and within states.


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## Variations and Associations Between Childhood Obesity and Socioeconomic, Health Care and Neighborhood Factors For U.S. Children Ages 10–17

rowing evidence suggests that childhood obesity is associated factors<sup>7</sup> including race and ethnicity,<sup>8,9</sup> family income,<sup>10</sup> family structure,<sup>11</sup> health behavior

# How to achieve Health Equity (RWJF)

- **Identify important health disparities.** Many disparities in health are rooted in inequities in the opportunities and resources needed to be as healthy as possible.
- **Change and implement policies, laws, systems, environments, and practices to reduce inequities in the opportunities and resources needed to be as healthy as possible.** Eliminate the unfair individual and institutional social conditions that give rise to the inequities.
- **Evaluate and monitor efforts using short- and long-term measures** as it may take decades or generations to reduce some health disparities.
- **Reassess strategies in light of process and outcomes and plan next steps.** Actively engage those most affected by disparities in the identification, design, implementation, and evaluation of promising solutions.



Thank you