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State Health Legislation: Shifting the Focus from Health Disparities to Health Equity

In 1999, Congress requested that the Institute of Medicine (IOM) conduct research about the unequal nature health care services received by U.S. racial minorities and non-minorities. The ensuing report from this study—*Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*—provided a body of research to substantiate long accepted theories that racial minorities in the United States received a lower quality of health care service, and consequently were in poorer health. These groups were essentially experiencing the effects of health disparities, and this term is now well recognized as a result of this and subsequent reports.

For many years, public and private agencies have directed their resources to programs that provide better access to care, with the goal of addressing these disparities, and improving the health of all Americans. Nevertheless, while programs that provide access to care are necessary, this strategy alone is insufficient to combat health disparities. It has been therefore widely accepted in the public health arena that the focus on health disparities serves only to identify the problem, and not its cause.

In order to address the problem of health disparities effectively, it is important to identify the root causes, or social determinants, of health and target them. This approach involves a paradigm shift away from the focus on health disparities, towards *health equity*. In her paper titled "Defining Equity in Health", public health professor and health equity expert Dr. Paula Braveman, describes this term as:

> ...the absence of systematic disparities in health (or in the major social determinants of health) between groups with different levels of underlying social advantage/disadvantage—that is, wealth, power, or prestige.

Accordingly, in order to create an equitable state of health for communities, the social determinants of their health must be identified and assessed. This process will lead to an understanding of the social factors that need to be modified to provide a healthier existence and environment for communities experiencing disparities in health.

State legislators have a significant impact on policies that affect the health outcomes of their constituents, since most of this legislative authority lies at the state level. It is therefore critical that the legislators understand the components of effective policies that improve health outcomes so they may best serve those who elected them.

The natural inclination has been to assume that the reason health disparities exist is the lack of adequate health care, where minorities and people living in poverty cannot secure access to adequate health services. Consequently, the government and philanthropy developed and funded health programs that targeted chronic diseases (e.g. diabetes, heart disease, obesity, asthma, hypertension, cancer, etc.), in addition to improving programs such as Medicare and Medicaid that provide financial support for health care services and medication. While necessary, these efforts neglected to consider the contexts in which certain populations experience increased morbidity and mortality, and generally focused on personal choice, health education, health screenings, and disease management.

Obesity, for instance, serves as an example to demonstrate the importance of societal factors beyond access to care and the important role of legislation. It is now considered a chronic disease in the United States, a condition especially prevalent within minority populations, and an epidemic among youth. The disease also leads to the development of other chronic conditions such as diabetes and cardiovascular disease. In 2004, American Sports Data, Inc. (ASD) summarized the following statistics from the National Center for Health Statistics, which has documented America's obesity problem for over forty years.

- Between 1962 and the year 2000, the number of obese Americans grew from 13% to an alarming 31% of the population.

- Childhood obesity in the United States has more than tripled in the past two decades.
- According to the U.S. Surgeon General report, obesity is responsible for 300,000 deaths every year.

These statistics demonstrate how obesity cases have increased and support the concern of the public health community and the society-at-large, at how unhealthy the American population has become.

Many people view obesity as a disease resulting from bad personal choices, and they believe that in order to reduce it, individuals simply need to take more responsibility for their health. Consequently, funding and resources have been funneled into programs that address personal choices—e.g., weight loss, exercise, diabetes, screening programs, etc. Notwithstanding the importance of such programs, as well as the importance of personal responsibility, there are other factors that should be considered when developing strategies to deal with obesity on the macro level.

The essential question to consider here is: What are the factors that adversely affect people's ability to make the healthy choices that prevent them from becoming obese?

Using the lens of the *social determinants of health*, strategies to address obesity would focus on the environment within which people make choices that affect their well-being, instead of the choices themselves. Accordingly, in assessing the root causes (or social determinants) that contribute to obesity, one would consider issues such as:

- Availability of healthy food choices in a community
- Affordability of healthy foods options
- Local food sources (i.e. supermarkets, farmers markets, community gardens)
- Safe and secure locations to walk and/or exercise
- Land use that promotes exercise and active living
- Zoning that limits the availability of fast food and convenience store and promotes placement of full-service grocery stores

These societal factors directly affect the ability of an individual to make the right choices regarding diet and exercise, and therefore are social determinants of that person's health.

From a legislative perspective, effective regulation of these societal factors is critical in communities with high rates of obesity and to prevent obesity in those communities with lower rates. Therefore, to best assist these disadvantaged communities, state legislation should shift from focusing on the effects of obesity (i.e. health disparities), to addressing the root causes or social determinants of this disease. If this approach is adopted by state legislators, they will be able to promote *health equity* for all their constituents.

The media has been instrumental in informing the public about the obesity epidemic, so very few are unaware of the issue. In response to the onslaught of statistics and public alarm, many community organizations, businesses, and public institutions have partnered to advocate for the establishment of collaborative health policies, on the national, state and local levels. Some states have been successful in implementing policies that address the social and economic factors contributing to the spread of obesity in their states, with most legislation focused on childhood obesity. For 2006, the National Council of State Legislatures (NCSL) has tracked the following partial list of childhood obesity-focused legislation:

- Trans Fat in School Foods and Other Nutrition Content Information: This legislation requires the restriction of trans fat in foods served in schools, or the listing of the nutritional value of all food and beverages being served in schools should on school menus, to allow children and parents to make healthy choices. Legislation was enacted in Alaska, California, Indiana, Kansas, Massachusetts, New Hampshire, New Jersey, New York, and North Carolina.
- Physical Activity or Physical Education in Schools and Recess Legislation: Although forty-nine states require physical activity in schools, the scope varies greatly from state to state. In California, Colorado, Connecticut, Delaware, Florida, Indiana, Kansas, Oklahoma, Pennsylvania, Tennessee, and West Virginia passed legislation in both the House and the Senate pertaining to physical education and physical activity. Recess legislation was also passed in Connecticut, South Carolina, and Texas.
- Mixed-Use and Transit-Oriented Development: This legislative approach involves requiring form-based zoning, which allows a mixture of housing types, retail, office, school, and recreational facilities to be located within walking distance of each other. California and Nevada are two states that have enacted such legislation.
- Food Policy Councils: These councils address issues related to hunger, nutrition, access to healthy food, etc. and can be established through legislation. Currently, there are five states that have established these kinds of councils: Colorado, Connecticut, Illinois, New Mexico, and New Hampshire.

While it is evident that legislative efforts are moving to implement policies that address the social determinants

of health, there are still some who say that a lot more needs to be done. In 2007 *Trust for America's Health (TFAH)*, an organization that focuses on disease prevention nationally and locally, published a report titled "F as in Fat: How Obesity Policies are Failing America, 2007." The report's basic premise is that legislation is not being implemented quickly and effectively enough to combat the effects of obesity in the nation.

Below are three of the four (4) key recommendations suggested by the report to combat obesity that may be implemented at the state level, and are therefore ideas which NBCSL legislators should pursue in their own states:

- Make healthy choices easy choices. Federal, state, and local governments should develop and implement policies that give Americans the tools they need to make it easier to engage in the recommended levels of physical activity and choose healthy foods, ranging from improving food served and increasing opportunities for physical activity in schools to requiring restaurants and food companies to provide better and more readily accessible information about the nutritional content of their products to securing more safe, affordable recreation places for all Americans.
- Improve your bottom line. Federal, state, and local governments should work with private employers and insurers to ensure that every working American has access to a workplace wellness program.
- Escalate research on how to promote healthy choices. Public health officials have identified a number of strategies to help encourage people to make healthier decisions about nutrition and activity, however, much more research needs to be done about how to effectively promote healthier habits.

While the examples provided specifically target the obesity issue, this approach serves as a model for all types of health-focused legislation. In order to develop and institute effective health policies within their states, legislators must factor the social determinants of health into the process.

The message is clear: health, well-being, and quality of life are produced by social and economic policies, and are therefore inextricably intertwined with health policy. The focus of future legislation must therefore shift from the perspective of health disparities to that of health equity to be effective. As the primary authority on health legislation, state legislators should concentrate on implementing policies that promote healthy environments and encourage healthy behaviors, and by so doing improve their constituents' health and well-being. ■

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