

## 2010 RESOLUTION

### Achieving Health Equity

**WHEREAS** Wisconsin has unacceptable levels of health disparities<sup>1</sup>; and

**WHEREAS** most health disparities are also considered to be health inequities - disparities that are avoidable, unfair, or unjust and/or are the result of social or economic conditions or policies that occur among groups who have persistently experienced historical trauma, social disadvantage or discrimination, and systematically experience worse health or greater health risks than more advantaged social groups<sup>2</sup>; and

**WHEREAS** Health Equity refers to fairness in the distribution of resources and the freedom to achieve healthy outcomes between groups with differing levels of social disadvantage<sup>2</sup>; and

**WHEREAS** the state of health and reduction or elimination of health disparities cannot be attained solely by increasing access to health care and educating on health behaviors<sup>3</sup>; and

**WHEREAS** socioeconomic factors, discrimination, and community civic capacity<sup>4</sup> are increasingly seen as extremely important determinants of health for both individuals and populations; and

**WHEREAS** evidence from many studies indicates that the association between income and health generally takes the form of a gradient; people at each higher level of income have better health than those just below them, with people in poverty having disproportionately worse health<sup>5</sup>; and

**WHEREAS** early childhood experiences lay a critically important foundation for positive or negative behavioral, social, economic and health outcomes later in life<sup>6</sup>; and

**WHEREAS** people with higher levels of educational achievement generally have healthier lifestyles, more economic opportunities and higher incomes<sup>7</sup>; and

**WHEREAS** having a safe and affordable place to live, with access to affordable, nutritious foods and green space, and lack of exposure to environmental toxins, is a requirement for health<sup>8</sup>; and

**WHEREAS** living in poverty and experiencing discrimination may result in chronic stress and consequent physiologic changes leading to worse health outcomes<sup>9</sup>; and

**WHEREAS** community health can be improved by building relationships and civic capacity through participation, engagement and empowerment<sup>10</sup>;

**THEREFORE, BE IT RESOLVED** that the Wisconsin Public Health Association supports the following initiatives needed to achieve health equity:

- Policies and programs that:
  - Reduce poverty and unemployment
  - Increase the quality, availability and affordability of early childhood programs (e.g., child-care, pre-school, Head Start)
  - Increase educational quality and improve graduation rates in public schools, particularly in poor neighborhoods
  - Improve safety and the quality of the built environment, particularly in poor neighborhoods

- Reduce institutional discrimination
- Build social capital and civic capacity
- Interventions that promote partnerships and dialogue between individuals and groups working on health equity
- Measurement and evaluation of the impact of program implementation and policy changes on health outcomes and health equity

**Fiscal Impact:** No cost to WPHA

**Probable impact on public health:** By achieving health equity, all persons living in Wisconsin will have an equal opportunity to live healthy and productive lives.

**Submitted to WPHA on:**

**Authors:** Policy Development and Review Committee

---

## References:

- <sup>1</sup> Population Health Institute: <http://uwphi.pophealth.wisc.edu/pha/healthieststate/reportcard/2007.htm>
- <sup>2</sup> Healthiest Wisconsin 2020 documents: <http://dhs.wisconsin.gov/hw2020/overarching/disparities/ddefinition.pdf>
- <sup>3</sup> Beyond Health Care: New Directions to a Healthier America Robert Wood Johnson. Commission to Build a Healthier America. April, 2009
- <sup>4</sup> CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization.
- <sup>5</sup> Pamuk, E., Makuc, D., Heck, K. et al. (1998). Socioeconomic status and health chart-book. *Health, United States, 1998*. Hyattsville, MD: National Center for Health Statistics. <http://www.cdc.gov/nchs>
- <sup>6</sup> Braveman P., Sadegh-Nobari T., Egerter S. (2008). Early childhood experiences and health: laying the foundation for health across a lifetime. Commission to Build a Healthier America, June, 2008. [www.rwjf.org/files/research/commissionearlychildhood062008.pdf](http://www.rwjf.org/files/research/commissionearlychildhood062008.pdf)
- <sup>7</sup> Egerter S., Braveman P., Sadegh-Nobari T, et al. (2009). Education Matters for Health. Commission to Build a Healthier America, September, 2009. <http://www.commissiononhealth.org/Education.aspx>
- <sup>8</sup> Cubinn C., Pedregon V., Egerter S. Where We Live Matters for Our Health: Neighborhoods and Health. Commission to Build a Healthier America, September, 2008. <http://www.rwjf.org/files/research/commissionneighborhood102008.pdf>
- <sup>9</sup> Adler NE, Boyce T, Chesney MA, Cohen S, Folkman S, Kahn RL, et al. (1994). Socioeconomic status and health: The challenge of the gradient. *Am Psychol*. 49(1):15-24.
- <sup>10</sup> Stansfield, S. A. (1999). Social support and social cohesion. In M. Marmot & R. G. Wilkinson (Eds.), *Social determinants of health* (pp. 155-178). Oxford: Oxford University Press.