



## Forum Session Meeting Announcement

Friday, March 14, 2008  
11:45am–12:15pm — Lunch  
12:15–2:15pm — Session

# Healthy, Wealthy, and Wise? Examining the Impact of Socioeconomic Status on Health

### A Preview Screening Of:

The PBS documentary series *UNNATURAL CAUSES: Is Inequality Making Us Sick?* produced by California Newsreel with Vital Pictures. A portion of episode 1, "In Sickness and in Wealth," will be shown to begin the Forum session.

### With Presentations By:

#### **Nancy E. Adler, PhD**

*Professor of Psychology*

Departments of Psychiatry and Pediatrics

University of California, San Francisco

*Chair*

John D. and Catherine T. MacArthur Foundation

Research Network on Socioeconomic Status and Health

#### **Ichiro Kawachi, MD, PhD**

*Professor of Social Epidemiology*

School of Public Health

Harvard University

#### **Mildred Thompson**

*Senior Director*

PolicyLink

### With Comments By:

#### **Gail Christopher, DN**

*Vice President for Programs*

W. K. Kellogg Foundation

### Location

#### **Reserve Officers Association of the United States**

One Constitution Avenue, NE  
Congressional Hall of Honor  
Fifth Floor

*(Across from the Dirksen Senate  
Office Building)*

### Registration Required

Space is limited. Please respond  
as soon as possible.

Send your contact information  
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# Healthy, Wealthy, and Wise? Examining the Impact of Socioeconomic Status on Health

## OVERVIEW

*This Forum session will explore the impact of social forces on health. Evidence of the health disparities that result from differences in socioeconomic status and related factors will be presented through a segment of the documentary series UNNATURAL CAUSES: Is Inequality Making Us Sick? and through speaker presentations. A vision for improving health through community-level interventions that address these social determinants of health will be offered. The session will provide an opportunity to discuss the role federal health care policymakers might play within this broad framework to improve health.*

**For additional information**—See the forthcoming report on the June 28, 2007 Forum Workshop, “Completing the Recipe for Children’s Health: New Variations on Key Ingredients.” See also the Web site of the UNNATURAL CAUSES documentary, available at [www.unnaturalcauses.org](http://www.unnaturalcauses.org); Reaching for a Healthier Life: Facts on Socioeconomic Status and Health in the U.S., a report from the John D. and Catherine T. MacArthur Foundation Research Network on Socioeconomic Status and Health, available at [www.macses.ucsf.edu/News/NEWS.html](http://www.macses.ucsf.edu/News/NEWS.html); and Overcoming Obstacles to Health, a report from the Robert Wood Johnson Foundation to the Commission To Build a Healthier America, available at [www.commissiononhealth.org/Report.aspx?Publication=26244](http://www.commissiononhealth.org/Report.aspx?Publication=26244).

## SESSION

Research shows that socioeconomic status (SES)<sup>1</sup> has a significant impact on health in a way that is more complicated than being insured or uninsured. The factors that determine health cannot be painted as simple dichotomies, such as nature or nurture, black or white, rich or poor, living on the east side of town or the west, being personally responsible or accepting government support; the truth lies somewhere in the shades of gray. Every step up the socioeconomic ladder brings better health and longer life, whereas every step down brings poorer health and earlier death. The impact of socioeconomic status is not just felt among those with lower incomes, but by the middle class as well, whose members are less healthy and live shorter lives than the wealthiest.<sup>2</sup> The landmark Whitehall Studies<sup>3</sup> of British civil servants, followed since the 1960s, showed that even in an employed population with universal health care, social status correlated with mortality rate: the higher one’s position in the occupational hierarchy, the lower one’s mortality rate from all causes.<sup>4</sup>

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Trying to assess the relative roles of income, education, and race on health status has long been a concern in policy circles. It has been argued that knowing more about such matters might lead to better targeting of services and design strategies. There has also been growing interest in the degree to which ever-greater expenditures on health care are not leading to improved outcomes and may actually be doing harm. While the health care sector is the economic engine for many communities and families, some question whether health care cost growth is leading to losses of coverage, more disparities in health, and painful trade-offs for communities and governments over spending on health as opposed to other services.

Today there is a new buzz about working to achieve “health equity,” defined as the absence of systematic disparities in health based on social advantage or disadvantage, and efforts have begun to take root, especially at the local level. Research funded by the John D. and Catherine T. MacArthur Foundation on SES and health has culminated in a recent report, *Reaching for a Healthier Life: Facts on Socioeconomic Status and Health in the U.S.* The report shows that, while the United States may perceive itself as a classless society, it is similar to the British in terms of the graded relationship between SES and health. *Reaching for a Healthier Life* outlines a number of key social, environmental, and psychological factors associated with social status that significantly impact health, from neighborhood characteristics to employment conditions, personal behaviors, health care, race, and stress. The findings support expanding the definition of health policy in order to eliminate health disparities: “[E]ducational opportunities, labor market regulation, zoning, and economic policy are actually important forms of health policy. These are the domains that generate the unequal health outcomes that are so costly and debilitating.”<sup>5</sup>

Other foundations are also developing social determinants approaches to improve health. The W. K. Kellogg Foundation takes a place-based approach; its Place Matters initiative aims to improve community health by addressing social conditions that create poor health. The Robert Wood Johnson Foundation recently launched its Commission to Build a Healthier America, with the goal of addressing social and environmental factors that cause many Americans to die sicker and younger than others. And, both the MacArthur and Kellogg foundations, among others, have provided major funding to bring these issues to television through the efforts of California Newsreel, a documentary film production company. *UNNATURAL CAUSES: Is Inequality Making Us Sick?* is a four-hour series scheduled to air on many PBS stations on consecutive Thursdays beginning March 27, 2008.

Through a preview screening of the first episode of the documentary series, “In Sickness and in Wealth,” and discussion of the research supporting the documentary’s key messages, this Forum session will explore how SES affects health. The challenges of improving community health using a social determinants approach—and how federal policies help and hinder such efforts—will be discussed. The meeting will also examine ways that new knowledge about the social determinants affecting health may be at odds with the siloed

operations and financing of traditional congressional committee, federal agency, and program responsibilities. One foundation will share its perspective on the value of using a social determinants approach to funding local innovation and the importance of producing a documentary on the subject.

## KEY QUESTIONS

- How do premature death and life expectancy rates differ by socioeconomic status in the United States?
- Is SES the most important predictor of health? What is known about the relative importance of race, genetics, neighborhoods, employment conditions, wealth, personal behaviors, access to health care, and stress levels on health?
- If SES has such an inextricable and significant impact on health, then does it follow, as the aphorism goes, that “a rising tide lifts all boats?”
- What is known about the effectiveness of social determinants approaches to improve health? How is this being done at the community level?
- Can “unwarranted” health care spending be reined in to keep health care affordable while maintaining the ability of the health care sector to provide jobs and an economic anchor for communities?
- Given the interrelated policy domains (tax and income security, education, housing, labor, environmental, transportation, agricultural) that affect health, what is the appropriate role for federal health policymakers?

## SPEAKERS

**Nancy E. Adler, PhD**, is professor of psychology, Departments of Psychiatry and Pediatrics at the University of California, San Francisco, where she is also vice-chair of the Department of Psychiatry and director of the Center for Health and Community. Her current work is examining the pathways from socioeconomic status (SES) to health. As chair of the John D. and Catherine T. MacArthur Foundation Research Network on Socioeconomic Status and Health, she coordinates research spanning social, psychological, and biological mechanisms by which SES influences health. Within the network she has focused on the role of subjective social status and has demonstrated its strength as a predictor of health status. She completed her undergraduate work at Wellesley College and received her PhD degree in psychology from Harvard University.

**Ichiro Kawachi, MD, PhD**, is professor of social epidemiology and the director of the Harvard Center for Society and Health, both at the Harvard School of Public Health. He has published over 300 articles on the social and economic determinants of population health. Dr. Kawachi has been a member of the MacArthur Foundation Research Network on SES and Health since 1998. He served as special advisor to the Measurement Knowledge Network of the World Health Organization Commission on Social Determinants of

Health. Dr. Kawachi received both his medical degree and PhD degree (in epidemiology) from the University of Otago, New Zealand.

**Mildred Thompson** is senior director of PolicyLink, a national research and action institute advancing economic and social equity, and director of PolicyLink's Center for Health and Place. As leader of the organization's health team, she participates in research focused on understanding community factors that impact health disparities and identifies practice and policy changes needed to improve individual, family, and community health. Prior to joining PolicyLink, Ms. Thompson was director of Community Health Services for the Alameda County Public Health Department; director of Healthy Start in Oakland, California; and director of San Antonio Neighborhood Health Center, also in Oakland. Ms. Thompson has degrees in nursing and psychology and a graduate degree from New York University in social work. She serves on several boards and commissions including the Institute of Medicine's Racial and Ethnic Health Disparities Roundtable and the outreach and promotion advisory group for *UNNATURAL CAUSES*.

**Gail Christopher, DN**, is vice president for programs at the W. K. Kellogg Foundation. In this role, she serves on the executive team that provides overall direction and leadership for the foundation and provides leadership for health programming. She is nationally recognized for her pioneering work to infuse holistic health and diversity concepts into public sector programs and policy discourse. Prior to joining the foundation, Dr. Christopher was vice president of the Joint Center for Political and Economic Studies' Office of Health, Women and Families where she led a multi-year initiative to engage underserved, racial, and ethnic minorities in health policy discussions. Previously, she was guest scholar in the governance studies department at The Brookings Institution and executive director of the Institute for Government Innovation at Harvard University's John F. Kennedy School of Government. Dr. Christopher holds a doctor of naturopathy degree from the Chicago National College of Naturopathy and completed advanced study in the interdisciplinary doctoral program in holistic health and clinical nutrition at the Union for Experimenting Colleges and Universities at Union Graduate School of Cincinnati, Ohio.

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## ENDNOTES

1. The components of SES are generally thought to be educational attainment, family income, and occupational status.
2. Nancy Adler *et al.*, *Reaching for a Healthier Life: Facts on Socioeconomic Status and Health in the U.S.*, The John D. and Catherine T. MacArthur Foundation Research Network on Socioeconomic Status and Health; available at [www.macses.ucsf.edu/News/NEWS.html](http://www.macses.ucsf.edu/News/NEWS.html).
3. M. G. Marmot *et al.*, "Health inequalities among British civil servants: the Whitehall II study," *The Lancet*, 337 (June 8, 1991): pp. 1387–1393.
4. Michael Marmot, "The Influence of Income on Health: Views of An Epidemiologist," *Health Affairs*, 21, no. 2, (March/April 2002): pp. 31–46.
5. Adler *et al.*, *Reaching for a Healthier Life*, p. 43.