

RECENT EVENTS

LVBCH 41ST ANNUAL CONFERENCE: DR. BERWICK KEYNOTE: THE MORAL DETERMINANTS OF HEALTH

If the United States truly wants to improve the health of its citizens, it must make structural changes to improve the economic and social conditions that affect health, rather than continuing to focus only on treating people when they are sick, said Don Berwick, MD, Former Administrator, Centers for Medicare & Medicaid Services, at LVBCH's 41st Annual Conference. America spends \$4 trillion annually on the "repair shop," which equates to about 18% of gross domestic product (GDP), said Dr. Berwick, Founding CEO, Institute for Healthcare Improvement. Despite this investment, however, the U.S. ranks about 40th in longevity and about 90th in the world in overall health and well-being.

Berwick referenced the social determinants of health as defined by Sir Michael Marcot in the book *The Health Gap*. Marcot sorted thousands of pieces of the world's literature on what causes health care and outcome inequality into categories that are closely related to longevity and well-being. These include conditions of the worker, which includes workplace safety and the minimum wage. The research found that societies that guarantee generous minimum wages are healthier and more robust. Compared to other developed democracies, the U.S. minimum wage is extremely low, Berwick said. Societies are healthier when they devote attention to conditions of the workplace, such as safety, exposures to toxins, and ensuring that workers feel their work has meaning.

The categories and how the U.S. ranks are:

1. **Early childhood experiences.** The U.S. ranks last among the 17 countries belonging to the Organization for Economic Cooperation and Development (OECD) and about 40th in the world for childhood mortality. What happens to kids in the first few years of life is highly determinant of adult health status, longevity, and physical and mental well-being. In the U.S. the infant mortality rate for black and American Indians is double that of whites.
2. **Education.** The quality of education varies greatly in the U.S. There appears to be a causal relationship between investment in education and health outcomes.
3. **Work and the workplace.** (Discussed above.)
4. **Experiences of elders.** The U.S. does not have an elder care policy. We have very high rates of poverty and isolation in our elders compared to many other nations.
5. **Community resilience.** This includes housing, food security, recreational opportunities, transportation systems, and exposure to a clean environment. Europe spends \$2 for structural supports for every \$1 it spends on healthcare, the U.S., 90 cents for every \$1.
6. **Fairness.** More difficult to describe, this category compares longer lived, healthier lives to shorter, unhealthier ones. Does the society have a sense that we're all in this together and a social framework that is cooperative rather than competitive? Does the community help those in trouble?

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Disparity in these categories correlate with longevity. A study of New York City subway stops showed the difference in longevity between the mostly white Midtown Manhattan stop, where median income is \$180,000 a year, is 10 years longer than the South Bronx, a community of color where half of children are born into Medicaid. This equates to 2.3 years for every mile traveled. In Flint Michigan and Chicago the disparity is 15 years. Furthermore, for the poorest 20-30% of U.S. women life expectancy at age 50 declined for those born in 1950 versus 1920, while it grew substantially for the richest women. Meanwhile, effective tax rates for the bottom 50% of our population have gone up while they have plummeted for the highest levels.

Americans are both smart and compassionate then why do we continue to fund the repair shop while so grossly underfunding the structural conditions that lead to poor health, he asked.

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