

Health



“It was needless hugging ... It wasn't a greeting. It was happening all day.”

NOREEN HAJINLIAN, PRINCIPAL OF A NEW JERSEY MIDDLE SCHOOL THAT HAS BANNED HUGGING

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Economic inequality drives US down in world health rankings

30 countries top US in how babies fare in their first year

Stephen Bezruchka kept his notes from a health and society course that he took as a Stanford medical student in 1971. On the first day of class, he wrote that the United States had the world's best outcomes for the health of its babies in 1952, and that by 1966, 15 countries were doing better than the U.S. in this regard.

Today, more than 30 countries have a better record than the U.S. in how babies fare during their first year of life. Despite its enormous wealth, the U.S. lags far behind other industrialized nations in health indicators — and many experts believe that it is income inequality and lack of social protections that account for our poor international showing.

Bezruchka, M.D., MPH, went on to spend more than a decade in Nepal — training rural doctors and working in community health projects. He is currently a senior lecturer at the School of Public Health and Community Medicine at the University of Washington. He writes frequently on the relationship between economic inequality and health, and directs the Population Health Forum (<http://depts.washington.edu/eqhlth>).

Q: How do you distinguish between



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“health” and “health care”?

A: I consider “health” to be a measure of how well a society is doing on various (mortality rate) indicators, such as life expectancy as well as similar measures of desirable outcomes like teen birth rates. Thus, if you lived in Vancouver, British Columbia, you would be in one of the healthiest parts of Canada — and close to the healthiest nation on earth. Living in the U.S., we do about as well as Cuba.

“Health care” on the other hand, is the industry in the U.S. that provides medical care services of various form, from prevention to treatment. Americans use the words “health” and “health care” interchangeably, so that they come to believe that “health care” produces health. The U.S. spends half of the world's health care bill, but there are no studies demonstrating that the totality of health care services impacts the health of a society.

Q: What does economic inequality have to do with health, or the lack of?

A: If there is a smaller gap between rich and poor, there are more ways in which caring and sharing happen — and the major determinants of health are the nature of caring and sharing

relationships in society. Within the United States, in those states with a bigger gap between the rich and the poor, there is a higher mortality rate. With a bigger gap between the rich and the poor, you're always feeling below the person above you, and this produces stress. Those on top have all the power, and they put down those below them. It's a cascading relationship, and the poorest get put down by everybody. The preponderance of data in rich countries suggests that the social comparisons we make, when there's a bigger gap, are the critical factors that lead to worse outcomes. Economic inequality probably has its biggest impact in early life, when roughly half of our health as adults is programmed.

Q: What unique characteristics of U.S. society lend themselves to poor health?

A: Perhaps the key feature that has changed in the last 30 years or so is the focus on the individual, the “YOYO” phenomenon (you're on your own). The rich don't follow that, and get the government to help them succeed. But we used to have more of a societal focus and looked out for everyone. The various policies of the 1950s and '60s, such as the GI bill and housing loans, had much more of a social and economic justice focus.

Q: How would you change the system to improve “health”?

A: I would have a year's paid maternity leave

at full pay, and probably make it two years, and try to figure out some way that working women — when they're pregnant — would have less stressful pregnancies. We have no paid maternity/paternity leave policies in the U.S., and there are only three other countries, all very poor, that are that badly off. Women shouldn't have to work as hard at low wages in demeaning jobs as they do in this country.

We know that countries without good social welfare policies have poorer health outcomes across the board and it starts in early life. Stress on pregnant women manifests itself in various forms that lead to worse birth outcomes and into adulthood. So the critical time is during pregnancy and for the first year or two of life afterward.

At the same time, you have to ask “How long will it be before our health starts to improve?” It will take a couple of generations, but it can happen. For example, in England they passed the Children's (Health) Plan, and the goal is to make England the best place to raise your children within 10 years — and the government is saying that. They recognize that these factors are critically important. In the United States, they don't recognize it. They think that “health” and “health care” are synonymous — but they're not. That's our problem.

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