

UNNATURAL CAUSES

...is inequality making us sick?

How Medical Schools Can Promote Health Equity

1. Use your bully pulpit.

When physicians and medical schools talk, people listen. Speak out about the importance of social and economic conditions that harm or benefit our health. Share what you know about the root causes of health inequities with the media, community groups, foundations, government officials, and other opinion-leaders.

2. Wield your political clout.

Academic medical centers in particular are powerful economic engines and political forces. Use your clout to become a powerful advocacy voice insisting that all policy initiatives be assessed for their impact on population health and health equity: land use, labor, racial justice, transportation, food, education, even tax policy. These “non-medical” issues have life and blood consequences.

Demand that less-visible community-based organizations also get a seat at the policy-making table and that their voices be heard.

3. Invert the microscope.

Brian Smedley, director of the Health Policy Institute of the Joint Center for Political and Economic Studies, reminds us that the microscope reveals only part of the problem. Use the wide-angle lens as well and investigate the social determinants of health equity. Engage in community-based participatory research. Work with community organizations and local public health departments to collect and map neighborhood health indicator data, conduct health impact assessments, and otherwise research how healthy bodies are linked to just social and economic environments (Your work can be particularly helpful where local health departments lack a strong capacity in social epidemiology).

4. Expand the idea of compliance.

It's time to redefine the idea of risk factors and patient compliance. Conditions for health are created by individuals, governments, and businesses, so they *all* need to be held accountable – not only the individual. What might this mean?

Health professionals are taught to make referrals to specialists as a matter of course. If a child has a speech problem, the doctor may bring in a speech pathologist. Similarly, Dr. Jack Shonkoff, director of the National Center for the Developing Child, argues that providers must also think about whom to bring in when patients are threatened by risk factors outside the body.

Shonkoff urges providers to build collaborative relationships with partners who can help tackle the broader social and economic factors that affect their patients' health, such as air pollution, violent neighborhoods, substandard housing, food deserts, asthma triggers, toxics, or stressful and underpaid working conditions.

For example, if an asthma patient lives in an apartment with cockroaches, mold, or inadequate heat, the doctor can bring in not a medical specialist but a lawyer, tenants rights organization, or building inspector who can prescribe a plan of action to ensure the landlord is compliant in bringing the building up to code.

5. Build cross-sectoral and campus-community partnerships.

Health equity will never be achieved if its advocates are limited to the health community. Form partnerships and alliances with housing groups, land use, labor, business, racial justice and other organizations to put health in all policies. Engage in community-based participatory research.

6. Redefine “community benefits.”

Medical schools regularly support clinics, programs, and other medical services that patch up our bodies. But does the school also support “upstream” projects and initiatives that can generate better conditions for health in the first place?

7. Walk the talk.

Medical schools are large employers and economic forces. Practice what you preach. What do your own workforce policies and wage structures do for employee health? Do you provide all staff living-wage jobs with career ladders? Do they receive benefits, including paid vacation and sick leave? Do employees have job security, or is employment contingent? Does the school have employee involvement programs? May employees join unions and does the school bargain in good faith? Is your school an affirmative action employer?

Many businesses and institutions are exploring ways to promote a healthier, happier and more productive workforce. Consider how yours could do the same.

For additional resources, toolkits, handouts, background, and inspiring stories on the social determinants of health equity, visit: www.unnaturalcauses.org