Report of the National Expert Panel on

Social Determinants of Health Equity

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Recommendations for Advancing Efforts to Achieve Health Equity

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EXECUTIVE SUMMARY

Intransigent and growing health inequities call for new thinking about the role of public health in creating the conditions in which all people can be healthy. A renewed paradigm informed by public health's historical social justice roots is needed to guide urgent, bold actions that address social, economic and political determinants of health inequities.

In May 2008, the National Association of Chronic Disease Directors (NACDD) in collaboration with the Centers for Disease Control and Prevention (CDC) convened a National Expert Panel on Social Determinants of Health Equity[1] to provide recommendations on accelerating public health efforts to achieve health equity. A large and growing body of literature documents the health impact of inequities in environmental, social, political, and economic conditions, conditions referred to as social determinants of health (SDOH). The World Health Organization defines SDOH as "…the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries" (1). The conditions needed for health include education, housing, employment, living wages, access to health care, access to healthy foods and green spaces, occupational safety, hopefulness, and freedom from racism, classism, sexism and other forms of exclusion, marginalization, and discrimination based on social status. Inequitable distribution of these conditions across populations contributes to persistent health inequities.

This report encapsulates the critical thinking, key arguments and recommendations of nationally recognized experts in the area of social determinants of health equity. As much as possible, the exact language and perspectives of the Panelists are retained in the report. A central assertion of the Expert Panel is that the Centers for Disease Control and Prevention (CDC) should provide

[1] The original name of the Panel was the National Expert Panel on Social Determinants of Health. This was later changed to the National Expert Panel on Social Determinants of Health Equity based on discussions that occurred among Panel members during the two day meeting.

national and international leadership to address the social determinants of health inequity that contribute to the disproportionate burden of disease between socially advantaged and socially disadvantaged groups. The findings and conclusions in this report are those of the Expert Panel and do not necessarily represent the views of the CDC.

A principle thesis of the Expert Panel is that the inequitable distribution of resources needed for health is the major contributor to persistent health inequities. These experts called to account conditions and processes, including class disadvantage and racism, that prevent many Americans from enjoying the health and long life that affluent and privileged citizens take for granted. Many of the strategies for addressing social determinants of health equity fall outside current public health practice but not outside the profession's historic role in public policy decisions that promote social justice.

The Panel believes that CDC can act as an educator, convener and catalyst to work nationally and internationally with other government agencies, organizations, businesses and local communities to address the root causes of health inequities. CDC and its public health partners can influence public policy by bringing the impact of health inequities into critical discussions and decision-making processes about housing, transportation, education, economic development, social inclusion of marginalized groups and other contributors to healthy and resilient communities.

The Panelists feel strongly there is an urgent need to address health inequities that result from long-standing social injustices. This includes developing evidence-based strategies to eliminate inequities in populations and communities where they have existed for multiple generations. The recommendations of the Expert Panel are a call to action to transform public health practice and research to support policy change and to build health system and community capacity to fully incorporate a sustained focus on achieving health equity.

Following are the recommendations of the National Expert Panel on Social Determinants of Health Equity:

1. The Expert Panel recommends that CDC develop organizational structures, processes and resources to provide national and international leadership toward the goal of achieving health

equity. CDC should achieve this by incorporating health equity in all goals, strategies and activities.

2. The Expert Panel recommends that CDC develop transdisciplinary, multisectoral partnerships, in conjunction with social movements, to accelerate efforts to address social determinants of health equity. This includes developing and promoting inter- and intra-governmental and community partnerships to build public commitment to achieve health equity.

3. The Expert Panel recommends that CDC support the development of capacity to address social determinants of health equity across the public health work force as well as in other health and non-health professions.

4. The Expert Panel recommends that CDC promote translation of social determinants of health equity research to stimulate action at local, state, tribal, national and international levels.

5. The Expert Panel recommends that CDC develop public engagement campaigns to support the growing momentum to address social and economic determinants of health inequity.

6. The Expert Panel recommends that CDC issue a call to action and provide evidence and guidance to local government leaders to increase health equity in their jurisdictions, including the development of community strength to support participation in local decision-making by groups experiencing health inequities.

7. The Expert Panel recommends that CDC develop unified monitoring systems that can be used internally and externally to monitor social conditions and processes, including public health actions, that contribute to health and health inequity and to assure this information is used to develop research, policies and programs that can change these conditions and processes.

8. The Expert Panel recommends that CDC increase financial and technical resources available to communities to address the social determinants of health equity.

INTRODUCTION

Intransigent and growing health inequities call for new thinking about the role of public health in creating the conditions in which all people can be healthy. This renewed vision must acknowledge public health's historical social justice roots as well as encompass innovative strategies contemporary practitioners are implementing to address the social, economic and political determinants of health inequities. How public health meets this challenge to transform public health practice and research will affect the health of future generations.

Background

A large and growing body of literature documents the health impact of inequities in environmental, social, political, and economic conditions, conditions referred to as social determinants of health (SDOH). The World Health Organization defines SDOH as "…the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries" (1). The conditions needed for health include education, housing, employment, living wages, access to health care, access to healthy foods and green spaces, occupational safety, hopefulness, and freedom from racism, classism, sexism and other forms of exclusion, marginalization, and discrimination based on social status. Inequitable distribution of these conditions across populations contributes to persistent health inequities.

Racial and ethnic population groups in the U.S. experience a disproportionate burden of health inequities (2). African American infant mortality rates are twice those of white Americans (3); disparities remain even after controlling for income and education. For example, African American mothers with graduate degrees face a higher risk of having low birth-weight babies than white women who haven't finished high school (4). Discrimination in access to health care, screenings, and treatment further contribute to inequities in health outcomes for racial and ethnic groups (5). Beyond discrimination, health inequities result from systematic, institutionalized structural racism that operates through various institutions, laws, and policies that restrict access

to knowledge, resources, and representation in the political system that disadvantages some communities and advantages others through unearned white privilege (6).

People who live in poverty also experience disproportionately worse health outcomes. According to the Internal Revenue Service, income disparities have reached the largest level since the Great Depression (7). As the income gap has grown between those who are well off and those who are worst off, so has the gap in life expectancy grown between these groups: a recent issue brief by the Congressional Budget Office revealed that people in the highest socioeconomic group can expect to live 4.5 years longer than people in the lowest socioeconomic group (8). Childhood poverty can negatively impact health across the life course (9) and possibly even affect future generations by disrupting neurocognitive or biological mechanisms needed for academic achievement (10).

Health inequities manifest in unjust and avoidable distribution of preventable diseases that place the United States near the bottom ranks of health outcomes among high resource countries. The United States is currently ranked 27th in life expectancy (11) and 37th in infant mortality (12). In 1962, the US was 12th in life expectancy (13). These outcomes are a result of systematic decisions that repeatedly generate social and economic inequities that lead to a cascade of unhealthful conditions. Poor health limits the ability of U.S. citizens to achieve their full health and life potential. Significant social and economic benefits can be achieved by eliminating health inequities among U.S. citizens (14).

Recognition of the need to address the social determinants of health inequity is growing across public health arenas. The World Health Organization's Commission on Social Determinants of Health recently released findings and recommendations following a three year period of study (1). Activities at CDC addressing social determinants of health are increasing and include the convening of the Health Equity workgroup at the request of the former Director; employee led work groups convened by CDC scientists, program managers, administrators and others that focus on racism and health, social determinants of health equity, and health and human rights; resources to support communities addressing health equity (15); and, emerging research and program activities that address, for example, microfinance as a primary HIV prevention strategy

(16) and community economic development initiatives to reduce the burden of chronic diseases (17).

Reports on the importance of addressing social determinants of health have been issued by philanthropic health foundations (13,18). Public health advocacy groups are directing significant resources in this direction, including the National Association of Chronic Disease Directors, which has established a work group and developed resources to support action on social determinants of health (19) and the National Association of County and City Health Officials (NACCHO), which has developed training resources for public health workers (20), created a Health Equity and Social Justice Strategic Directions Team, and established a social justice network of state and local public health agencies (the Local Health Department National Coalition for Health Equity) that are addressing social determinants and health equity (21). NACCHO has also developed a campaign whereby local health departments have convened more than 140 town hall meetings with citizens and other public agencies to engage in dialogue in conjunction with screening the PBS documentary film series *Unnatural Causes: Is Inequality Making Us Sick?* (22).

While interest in social determinants of health equity has grown across CDC over the past several years, these activities are not yet strategic, well coordinated, or sustained. To support the continued development of research, program, and policy initiatives, perspectives from external partners were considered critical as CDC explores strategies for addressing social determinants in order to eliminate health inequities.

National Expert Panel on Social Determinants of Health Equity

To provide guidance on advancing social determinants of health equity activities, CDC in collaboration with the National Association of Chronic Disease Directors (NACDD) convened the National Expert Panel on Social Determinants of Health Equity. The core planning team included staff from the Community Health and Program Services Branch within the National Center for Chronic Disease Prevention and Health Promotion, and senior staff of the Healthy Communities Goals Team facilitated by the Coordinating Center for Environmental Health and

Injury Prevention. An internal advisory committee including staff from across CDC plus two key external partners (see Appendix B) was selected to help frame the meeting objectives and agenda. The Institute for Alternative Futures assisted with meeting design and facilitation. The National Association of Chronic Disease Directors served as meeting planner and convener with financial support from CDC.

The National Expert Panel met May 20-21, 2008, in Atlanta, GA. Twelve external experts from academia, state and local health departments, national non-profits, and community-based organizations; six CDC senior leaders accepted invitations to participate as liaisons to the Panel (see page 3). Prior to the meeting, the Panel members reviewed supplemental materials, including *Setting the Stage*, an overview of current CDC social determinants of health activities.

During the first day of the meeting, participants discussed processes and determinants contributing to widening gaps in health inequities. Ideas that emerged were grouped using an affinity diagram process. On the second day, Panel members proposed candidate recommendations and then separated into subgroups to develop and prioritize the recommendations. The larger group then reconvened to review and categorize the recommendations. Following the meeting, IAF summarized the small and large group discussion notes. These notes were used as the basis for the development of this report.

In January 2009, Panel members and liaisons participated in conferences calls to review a draft report of the discussions and the final recommendations proposed at the May meeting. Participants considered the following issues: 1) Does this report provide a good summary of the key determinants? 2) Are there any important themes or messages missing from this analysis? 3) Do the major focal areas organize and highlight a good path for the CDC leadership role in social determinants of health equity? 4) Are there any specific recommendations that should be revised for clarity?

Dissemination strategies for findings in this report are being developed. The Expert Panel members believe that having a high level official release the report will provide needed visibility and is vital for having an impact on health inequity. Panel members believe the new administration presents a great opportunity for advancing work on health inequities. They also

discussed the possibility of developing multiple versions of this report to reach different audiences, including a more general document for reaching the public and a longer document with more concrete examples for interacting with journalists and creating coverage in newspapers, magazines, the internet and other mainstream media. Versions of the report that specify areas for cooperation could be drafted for interaction with other agencies.

The charge to the Expert Panel was to develop key recommendations grounded in sound science and public health practice, guided by a participatory model for research and community engagement, that articulate a clear public health strategy for addressing the social determinants of health equity. The Expert Panel was asked to address two over-arching questions: *What is the public health role in addressing social determinants of health equity? What is the CDC's role in addressing social determinants of health equity?*

Expert Panel Objectives:

- Explore and explain the social determinants of health equity and the social processes by which they are distributed.
- Define the public health role in addressing social determinants of health equity.
- Define and elaborate on CDC's unique roles in advancing efforts to address social determinants of health equity.
- Identify policy and program levers as well as approaches to institutional and social change to address social determinants of health equity.
- Identify appropriate metrics to measure health inequity, its impact and causes, and progress toward the elimination of health inequities.
- Recommend key partners and social movement leaders needed to ensure a comprehensive and sustained focus on improving conditions to achieve health equity and improve quality of life.
- Identify approaches and strategies that will accelerate CDC's efforts to address social determinants of health equity.
- Identify approaches and strategies to promote a shift in public consciousness that recognizes the social and political sources of disease and health.

This report summarizes the meeting discussions and presents recommendations developed by the Expert Panel. The recommendations will help CDC forge linkages across multiple sectors, enhance current social determinants initiatives across local communities, states, the nation and with our international partners, and provide leadership to further efforts to achieve health equity.

Discussion of Determinants and Processes Influencing Widening Health Inequity Gaps

The Expert Panel members viewed and discussed segments from the film series *Unnatural Causes: Is Inequality Making Us Sick?* at the opening reception. The following morning began with a brief presentation summarizing CDC social determinants of health research, program, and other relevant activities, as well as key activities supported by external organizations including the World Health Organization, U.S. foundations, professional public health organizations and others. The emergence of these activities is attributed to growing recognition that despite nearly two decades of efforts to eliminate health disparities, key reports indicate growing gaps in morbidity, mortality, and life expectancy between advantaged and disadvantaged populations. These gaps emerge from the inequitable distribution of material and social resources needed for health.

To begin their deliberations, the Expert Panel members were asked, in the context of these growing gaps, whether the United States and public health in particular has reached a tipping point or substantial momentum for change in recognizing the need to address the social determinants of health equity. Some Panel members believe such a point has been reached, citing as evidence the convening of the Expert Panel and also growing interest in 140 local health departments that, in partnership with the National Association of City and County Health Officials, agreed to host local town hall events to view and discuss *Unnatural Causes*. Others suggested that the United States is not yet at a tipping point but agreed that interest is growing and current initiatives are leading us in the right direction. Panel members agreed that media coverage has increased in the past few years on this issue. Major tragedies such as Hurricane Katrina laid bare to the nation and the world the plight of marginalized communities in New Orleans and showed how systemic poverty can leave large populations open to disaster. The public's reaction to Hurricane Katrina and the spring 2008 launching of *Unnatural Causes* on

PBS has increased public awareness and is helping build momentum for change. However, Panel members also noted that momentum can be detoured by a lack of coordinated efforts as well as failure to recognize social divisions and historic resistance to addressing social and economic injustices that contribute to health inequities.

Following this discussion, Panel members were asked to describe the conditions and processes that drive health inequities and to offer their thoughts on approaches that could make a difference. As noted by one Panel member, the historic role of public health is an expression of the desire for people to live healthy lives. Major advances in life expectancy over the last century are the result of fundamental social reform such as child labor laws, the minimum wage, the 8 hour work day, and ending segregation. Contemporary examples of public health incorporating principles of social justice can be found in the advancement of livable wage initiatives (23) and the use of the community oriented primary care model to bridge the medical care/community health chasm (24). Indeed, the history of public health is a history of understanding and addressing social, economic and political systems that structure the possibilities for health and illness (25). Panelists suggested that public health can reconnect with its roots in the social justice movement by making visible the social determinants that have the greatest impact on most major illnesses and injuries, particularly on the disproportionate burden of disease experienced by communities of color and low income groups. Fundamental social injustices must be addressed if health equity is to be achieved. By focusing on social determinants, the United States can address the root causes of poor health rather than only treating disease once it occurs. Following are areas the Panel identified as important to address in order to achieve health equity.

I. Addressing Inequities in Health

a) Eliminating Racism, Classism, Sexism and Other Forms of Social Exclusion and Discrimination

Racism, classism, sexism and other forms of oppression and discrimination critically shape major institutions and policies which, in turn, limit employment and educational opportunities and the socioeconomic mobility of socially marginalized groups. Discrimination perpetuates

health inequities through linked inequalities that result in lack of access to affordable housing, employment, and education, and low-income and by limiting opportunities to participate in social and political decision-making processes that determine the distribution of these resources. Discrimination in access to health care, screenings, and treatment further contribute to inequities in health outcomes. Social marginalization contributes to higher rates of all-cause mortality, chronic and infectious diseases, infant mortality, poor mental health and interpersonal and community violence. Social inclusion is a predictor of good health. Recent evidence suggests that U.S. health inequities lessened in the period following the 1960's civil rights movement and the War on Hunger (26) and, in the United States and elsewhere, following the political inclusion of previously marginalized groups (27). Health inequities cannot be eliminated without confronting the root causes of racism and classism embedded in imbalances of political power between socially advantaged and socially disadvantaged groups.

Residential segregation—the spatial stratification of different populations across neighborhoods—is one result of institutional racism and is considered a fundamental cause of racial and ethnic health disparities. Despite the passage of civil rights legislation, residential segregation continues to be a major problem in many neighborhoods across the United States, resulting in economic, educational, housing and other policies and practices by public and private institutions that unfairly disadvantage many racial and ethnic groups.

Institutional racism also contributes to dysfunctional public education systems that leave many people of color without the skills needed to be successful in the workplace. One participant noted that after controlling for education, whites in blue collar jobs have shorter transition times from school to work, are more likely to be employed in skilled trades, earn more, hold higher status positions, receive more promotions and experience shorter periods of unemployment than members of disadvantaged racial and ethnic groups. Panel members also noted that African-Americans and Latinos are more likely than whites to be searched by police during traffic stops and more likely to be incarcerated for drug possession as first time offenders. The end result is a disproportionately large prison population among these communities and an oftentimes adversarial relationship with law enforcement.

Institutional discrimination also influences social and economic inequities for women, lesbian/gays/transgendered people, and people with disabilities. For example, women earn less on average than their male counterparts regardless of education, experience or other qualifications. The Panel noted that lesbian/gays/transgendered people experience discrimination through the passage of legislation by many states that eliminates the right for same-sex couples to marry. Lack of marriage rights for same sex couples is a form of discrimination that impacts health by denying access to health care through spousal benefits, by perpetuating stigma that contributes to psychological stress and anxiety disorders, and by denying the positive health aspects associated with marriage (28).

b) Building Economic Justice

Economic disparities are a large and powerful driver of health inequities. These disparities directly contribute to health risks and are not conducive to health and healthy communities. These include, for example, economic incentives that encourage the disproportionate marketing of tobacco and alcohol over healthy foods in low income and communities of color neighborhoods, the search for cheap labor sources, increases in occupational hazards, and exposure of politically weak communities to excess toxic hazards, among other effects. Also, deregulation and globalization have been tremendous drivers of wealth, but the wealth has been distributed unequally. Growing income and wealth gaps between the rich and the poor have exacerbated economic insecurity for low income populations and communities of color.

Businesses continue to outsource or automate many jobs that were once the bedrocks of working- and middle-class life. Jobs have shifted from manufacturing to the service sector and union membership has declined, further eroding job security and jobs that pay livable wages. At the same time, many companies are cutting back or eliminating health benefits. The end result is an increasingly uncertain job market that affects health through higher stress, reduced or lack of access to health care, and shrinking resources for food, housing, and other necessities.

As one Panelist observed, an important underlying, unaddressed issue in how our economy is structured discourages low income and communities of color from participating in political processes that determine access to resources for health and life opportunities. Critical decisions about how people live are made undemocratically: most economic and social policy is made by

those who have privileged social status based on income and educational advantages. While public health professionals may believe they cannot influence these systems, they can take many actions. For example, when we examine class and health outcomes, consider that class is not merely a static description of a demographic group but organized relations of social power that influence investment in neighborhoods, labor markets, labor conditions, and land use decisions that will determine levels of segregation or which communities receive bank loans, among others. By examining these relationships, public health can support the inclusion of low income and other disadvantaged communities into decision-making structures, including supporting the expansion of community-based participatory approaches to partnership development, community engagement, research and other empowerment strategies whereby affected populations influence decisions and institutions that affect their lives.

c) Improving Neighborhood Environments

Health inequities can be directly linked to neighborhood conditions. Evidence shows that the built and social environments significantly contribute to the burden of disease among people living in neighborhoods that lack economic opportunities and are poorly designed to promote social networks and healthy behaviors. Many low income neighborhoods and communities of color, especially in inner cities, are inundated with advertising of tobacco (29) and alcohol products (30), have excessive numbers of fast food restaurants (31) and limited, if any, access to supermarkets (32) that provide affordable, fresh foods. Green spaces such as parks, gardens and playgrounds are often unavailable, poorly maintained or unsafe for use by local residents. Disadvantaged neighborhoods also often lack well maintained sidewalks or safe biking opportunities. Efforts to rehabilitate neighborhood conditions must be done in collaboration with community residents to minimize the negative consequences of gentrification (33).

Residents living in economically disadvantaged neighborhoods resulting from divestment decisions, discrimination, and movements of capital are often exposed to systemic increases in violence. In addition to physical injury and death, pervasive violence causes psychological trauma, stress, and social isolation that impacts health in many ways by shaping where and when community members can shop, what businesses are viable in an area, when and where families can go outdoors for physical activity and whether schools can attract and retain experienced teachers.

Low income and racially and ethnically diverse neighborhoods experience greater exposure to environmental pollution (34) than higher income neighborhoods because of the disproportionate numbers of industrial polluters and other toxic sites located in these communities as well as differences in zoning regulations. Residents of low-income neighborhoods are much more likely to be exposed to toxic substances such as pesticides, asbestos and lead in their houses and workplaces leading to higher rates of asthma, cancer and lead than are residents of middle- and high-income neighborhoods.

d) Strengthening Community and Resident Participation

Social and community networks influence health by providing support, helping members secure access to resources needed for health, and creating avenues for solving societal problems. These networks and supportive relationships are linked to good health and also to the development of social and political power that can be used to positively influence neighborhood conditions and opportunities. Communities with strong social networks have greater physical and mental health and lower rates of homicide, suicide, and alcohol and drug abuse (35). Communities with weaker social networks have disproportionate burdens of disease and fewer opportunities for community members to achieve their full life potential.

The public health field must listen and respond to the authentic voices of communities that experience the greatest inequities in order to support the development of local capacity and strengthening of community networks to act on their own behalf to improve conditions for health. Participation in basic decisions that affect their lives by members of low income and communities of color is vital for developing effective strategies to eliminate health inequities.

Public health needs to engage communities in planning and decision-making about the social determinants of health equity. Such discussions will form the basis for strong partnerships that develop effective solutions for action and greater democratic participation in social decision-making processes. Effective public health leadership requires partnering with communities and supporting the solutions that emerge from these interactions. Engaged communities need to be able to hold their political leaders accountable for addressing the social determinants of health equity. Public health can encourage this by partnering with organizations that shape political

will and by the development of strategies that bring together "grass-roots" and "grass-tops": community members and organizations and local civic and political leaders.

II. Strengthening the Federal Response to Promote Health Equity

In the context of substantial and growing analyses of the role of the social determinants of health equity, the Expert Panel members were asked to consider the role of public health, and specifically the unique role of CDC in addressing the social determinants of health inequity. The Panel identified several key roles for public health and CDC, including leader and advocate; convener and partnership broker; capacity builder; and, monitor and investigator. More importantly, CDC and public health must contribute to the reshaping of the public health paradigm such that it explicitly acknowledges and responds to the root causes of health inequities. Public health has both a moral and an intellectual obligation to recognize the social and economic processes that shape health outcomes and to promote a trans-disciplinary approach to addressing health inequities. This requires linking with non-traditional partners as well as examining organized political power structures that influence decision-making processes to impact change.

Demands for evidence to guide action on the social determinants of health cannot be allowed to limit movement forward. We know enough to act. The evidence base is growing (36,37) and will continue to do so as existing relevant efforts are evaluated from a public health perspective and as investments in new approaches are made. There is also the need to rethink what counts as evidence (38).

Panel members believe that success will depend on how the public health community, and more importantly, CDC, engages community members in dialogue and action to address social determinants of health equity. CDC can transform its traditional program and partnership structures and processes to encourage the adoption of community-based participatory approaches in CDC and public health research, program, and policy activities. CDC can also play a unique leadership role by leveraging its established credibility and significant resources to influence media and public consciousness about the social determinants of health equity. Equally

important, Panel members recognized the need for CDC to address internal issues by examining its current capacity for this work and by developing strategies to increase internal and external expertise to support local, state, tribal, national and international efforts. Finally, CDC should continue to examine social determinants of health equity through its research and surveillance activities.

a) Interdisciplinary Approaches & Collaboration

The Panelists recommended that CDC work collaboratively across disciplines, sectors, and traditional and non-traditional partners to encourage both broad and deep changes that support achieving the goal of health equity. Within CDC, there is a need for interdisciplinary collaboration that includes social and political scientists, economists, anthropologists and others, in addition to the traditional public health disciplines. CDC must work across its different programs to identify and support areas that impact the social determinants of health equity. Also, CDC must collaborate closely with other government agencies such as the Department of Housing and Urban Development, the Department of Labor, the Department of Education and others to learn from them and with them, including how collectively to leverage resources towards the common goal of social and health equity. Successful collaboration across agencies will require a more adaptive form of leadership that aligns the CDC agenda with the agendas of partners while sharing the credit for positive results.

b) Developing a Competent Workforce

CDC and its partners need to determine the skills required to address effectively the social determinants of health equity. Workforces across the agencies will need greater awareness and skills in multiple disciplines, as well as sensibilities and commitment suited to the task. CDC also needs to work closely with schools of public health to ensure that the future public health workforce is prepared to address social determinants of health equity. Other health professions schools, public policy, urban planning and law schools should be encouraged to develop curricula and professional credentialing in order to address the social determinants of health equity.

c) Communicating With Each Other and the American Public

In order for the United States to continue building a movement to address the social determinants of health equity, it is necessary to harness the power of new communication systems and approaches. Journalists are important partners in these efforts and can help create common understanding of social determinants of health equity that will help build public support. However, it can be difficult for journalists to comprehend and write about social determinants due to the individualist philosophy, traditional training in writing about health care rather than public health, and the difficulty of translating research terminology into concepts that can be easily understood. CDC and the public health community can improve the media's willingness to consider the social context that can explain patterns of health and illness and coverage of these issues by developing a consensus on definitions for the social determinants of health, health equity, and social justice that are accessible and widely available to other professionals and the public.

Panel members agreed on the importance of addressing social and economic conditions that contribute to health inequities. They also agreed that many public officials and policy-makers respond to economic arguments and that the public health community needs to develop and communicate the economic case for addressing the social determinants of health equity. For example, the high and unsustainable cost of healthcare in the United States can be reduced, in part, by addressing underlying conditions that contribute to high and disproportionate burdens of disease, including the need to focus on primary and secondary prevention. But the Panel also agreed that health equity is a right, independent of its economic effects, and that this core value must be communicated as part of the economic case.

d) Governmental Accountability for Equity

Government policies from transportation to taxation can significantly impact health equity. Health promotion practice supports the strategy of identifying the health impact of all social and economic policies, including through the use of health impact assessments. Policies that may not appear to be health-related at first glance may provide significant opportunities to address health if viewed from a public health perspective. However, it is critical to incorporate an explicit emphasis on health equity in policy analyses to fully understand the impact on those already burdened by health inequities and to avoid potential unintended consequences that might widen existing inequity gaps (23, 39-40)

Lasting change requires public health agencies to work in concert with other governmental agencies and departments. CDC should encourage governments at all levels to address the social determinants of health equity. This will require new resources, the realignment of existing resources, and the leveraging of resources managed by key partners. Research suggests that the long-term benefits of improved health and lower healthcare costs will outweigh upfront costs. However, political will is needed to reorient the current framing of health as primarily matters of individual responsibility and medical solutions to also include community health and primary prevention approaches that incorporate inclusion of the social determinants of health equity that establish the foundations for health. This poses unique challenges in an environment where more of the health and healthcare burden has been shifted to the individual. A public education campaign is necessary to explain how social and economic conditions shape health and health choices. This public education campaign must encourage citizens to hold government accountable for creating conditions for health.

RECOMMENDATIONS

The Expert Panel developed a set of key recommendations based on discussions about the conditions and processes that drive health inequities and the CDC and public health roles in addressing them. The recommendations articulate public health strategies that will help public health and CDC forge linkages and enhance social determinants of health equity initiatives within and beyond the agency. The recommendations, relevant for both domestic and international activities, incorporate the following overarching themes: the need for new public health approaches that shift the emphasis from disease focus to social conditions needed for health; active surveillance and monitoring of social, economic and political conditions and processes that impact health; and, the need to move beyond traditional remedial approaches to those that support social change to assure the conditions in which all people can be healthy. The themes and recommendations are not considered exhaustive; it is likely additional strategies and actions will be required as the work to create equitable opportunities for health progresses.

1. Lead on the Social Determinants of Health Equity

CDC should provide national and international leadership to address the urgent and growing crisis of health inequity. CDC can use its credibility and resources to encourage partners in public health, other sectors, and national, tribal, state and local governments to focus on the social determinants of health equity, with particular emphasis on the importance of health equity in discussions of social and economic policy.

The Expert Panel recommends that CDC urgently work to develop organizational structures, processes and resources to provide national and international leadership toward the goal of achieving health equity. CDC should incorporate health equity in all goals, strategies and activities.

To accomplish this, CDC must:

- Develop an agenda to address social determinants of health equity that brings together a diverse array of public and private partners to increase understanding of the consequences of unaddressed health inequities and to develop strategies for action.

- Create a physical home for the social determinants of health equity at the highest possible level inside CDC that includes collaborative leadership; dedicated, knowledgeable staff; adequate resources; and, a long-term programmatic emphasis on achieving health equity.
- Create an interagency task force on health equity.
- Take a multi-disciplinary approach that brings more diversity of disciplines, including social and political scientists, economists and others to the CDC leadership and ranks.
- Increase awareness, knowledge and competencies needed to address social determinants of health equity across CDC and other Federal agencies.
- Develop and disseminate widely an annual report on the social determinants of health equity, possibly produced with the imprimatur of the Surgeon General.
- Prepare a briefing and action agenda on the social determinants of health equity for the new administration.
- Work with the Congressional Budget Office to ensure that scoring processes for legislative proposals reflect the long-term societal and health benefits of addressing the social determinants of health equity.

2. Build Partnerships to Promote Health Equity

Given the challenges to addressing social determinants of health equity, no single agency or organization can expect to contribute significantly to the elimination of inequities without a broad base of partners. Successful collaborations within and across agencies and with non-traditional partners will require a more adaptive form of leadership that aligns the CDC agenda with the agendas of partners while also sharing the credit for positive results. Panel experts believe it is critical to include the voices and participation of members from communities deprived of resources and influence in discussions in order to develop effective strategies for eliminating health inequities.

The Expert Panel recommends that CDC develop transdisciplinary, multisectoral partnerships and social movements to accelerate efforts to address social determinants of health equity. This includes developing and promoting inter- and intra-governmental and community partnerships to build public commitment to achieve health equity.

To accomplish this, CDC must:

- Partner with organizations that can promote health equity, including advocacy groups, environmental justice organizations, community organizations, labor organizations, religious organizations, businesses, professional associations, and others.
- Create learning exchanges with global and multi-national organizations on global health equity.
- Provide short-term rotations or assignments for CDC staff to work within other government agencies.
- Use participatory approaches and processes when partnering with low income and racial/ethnic communities to address social determinants of health equity.

3. Develop Capacity to Address the Social Determinants of Health Equity

The transformation of public health to encompass the goal of assuring health equity requires training for members of the existing and future public health workforce that incorporates historical understanding of the public health role in social movements as well as the integration of relevant theories and knowledge from political, social, ethical and other disciplines.

The Expert Panel recommends that CDC support the development of capacity to address social determinants of health equity across the public health work force as well as in other health and non-health professions.

- Build a competent workforce of trained professionals across many health and non-health professions and disciplines
- Collaborate with schools of public health to ensure that the future public health workforce has the skills needed to address the social determinants of health equity.

4. Translate Health Equity Research into Actionable Outcomes

Panel experts noted the importance of translating healthy equity research into actionable outcomes. While knowledge on the relationships between social determinants and health continues to grow, the need is pressing. More than enough evidence exists to begin work now.

The Expert Panel recommends that CDC provide leadership and strategies to promote the translation of social determinants of health equity research into actionable outcomes at local, state, tribal, national and international levels.

To accomplish this, CDC must:

- Develop clear, conceptually sound terminology that can be used to guide effective action with a wide range of partners.
- Create a compendium of promising practices that can be used to promote actionable outcomes to achieve health equity.
- Regularly update the Nation with information and guidance for the development of policies that are effective in addressing the social determinants of health equity.
- Develop strategies that states and localities can use to initiate or support actionable programs and policies focused on health equity.
- Collaborate with organizations that are developing strategies, policies, resources, initiatives, and alliances to act on the social determinants of health equity.
- Provide training and technical assistance to assist partners, including journalists, in the translation of information into concrete actions.

5. Support the Momentum to Promote Health Equity

Given growing awareness of and interest in social and economic inequities, the United States is at a pivotal point for addressing health equity as a broad public health and societal goal, providing a unique opportunity to build on this momentum for change. CDC can provide leadership as well as support existing efforts to increase and sustain this momentum through public education and engagement campaigns. These strategies require clear and consistent language that does not further stigmatize populations or communities that experience social and economic inequality. Public education and engagement campaigns must be developed in collaboration with community residents to be effective.

The Expert Panel recommends that CDC develop broad-based public education and engagement campaigns to support the growing momentum to address social and economic determinants of health equity.

To accomplish this, CDC must:

- Frame public health broadly around health equity in order to support the growing momentum to address institutional processes and decision-making patterns that generate social and economic conditions that create health inequities.
- Engage community residents and people working in non-health fields in the development and dissemination of a comprehensive public engagement campaign that creates opportunities for increased examination and understanding of how social and economic processes and conditions that contribute to inequities in health and well-being.
- Create an annual national report on the social determinants of health equity that clearly shows progress or decline in key measures and that can also be used to generate local reports to educate the public and to inform public health research, policy and program activities.
- Make *social determinants of health* and *health equity* clear, legitimate, commonly understood phrases and concepts.
- Provide training for journalists so they can clearly and accurately report on the social determinants of health equity.
- Design public deliberation and community engagement processes to encourage discussion leading to action on health equities from the bottom up.
- Work with partners to develop briefings on the social determinants of health equity that can be used to educate policy-makers.

6. Inspire Local Government Leaders to Action

Addressing the social determinants of health equity requires executive leadership across local agencies in order to develop effective governmental action.

The Expert Panel recommends that CDC issue a call to action and provide guidance, support and evidence to local government leaders to increase health equity in their jurisdictions.

To accomplish this, CDC must:

- Identify strategies to educate local government executives about social and economic conditions that contribute to health inequities in local and regional geographic areas.
- Design assistance programs for local government leaders to develop actionable plans to achieve health equity in their jurisdictions, including providing technical assistance on using health impact assessments to promote policies and programs that support health equity.
- Advocate for resources to support these efforts.
- Begin the call to action as soon as possible.

7. Enhance Assurance and Accountability Systems

Achieving health equity requires monitoring, assurance and accountability that crosses sector lines. Significant data sources exist that can be used to understand the social determinants of health equity. CDC can draw on its surveillance expertise to develop unified systems that can track and monitor health inequity and its causes over time. These systems can be used to improve national, tribal, state and local policies and programs that address health inequities. As needed, CDC should develop better data and methods to monitor and track decision-making processes that influence the social determinants of health equity, as well as indicators of health and well-being across social groups – particularly by race, ethnic group and socioeconomic status/position. Systems are also needed to monitor the public health effort to eliminate health inequities.

The Expert Panel recommends that CDC work with community groups to develop and implement unified monitoring systems that can be used internally and externally to monitor social conditions and processes, including public health actions, that contribute to health and to assure this information is used to develop research, policies and programs.

To accomplish this, CDC must:

- Develop broad goals to guide the monitoring and tracking of data on the social determinants of health equity and the decisions, institutions, processes, and rules that influence them.

- Develop new surveillance systems and new strategies for data collection that accurately track and monitor the social determinants of health equity in communities and small geographic areas, including the ability of health surveys to more accurately collect information on race, ethnicity, socio-economic status and geographic location.
- Work with partners to compile and synthesize existing data and tools on the social determinants of health equity.
- Foster the integration of existing surveillance systems to monitor and track social and economic conditions that contribute to health outcomes.
- Improve the use of geographic information systems and other resources to increase access, understanding, and use of data by community residents.
- Support the development of resources and systems that communities can use to map and make use of community assets.
- In collaboration with other agencies, monitor social and economic policies and conditions that contribute to health equity including those that impact housing, the ecosystem, community investment, job loss, and discriminatory practices such as redlining or reduced educational opportunities in residentially segregated communities.
- Foster the generation of new data on the conditions and processes that address health inequities, including public health actions to intervene on health inequities.
- Use information from these systems to guide the development of a prioritized research agenda that includes etiology, metrics, outcomes, programs and processes.

8. Expand Resources to Address the Social Determinants of Health Equity

Addressing the underlying contributors to health inequity requires the expansion of fiscal and technical resources that are not typically part of the CDC funding process. CDC should actively reach out to non-traditional organizations, including communities that experience a disproportionate burden of health inequities. Funding processes should use non-traditional mechanisms to encourage participatory partnerships and community capacity building. CDC can work in partnership with state and local health departments to better leverage existing resources.

The Expert Panel recommends that CDC increase financial and technical resources available to communities to address the social determinants of health equity.

To accomplish this, CDC must:

- Require grantees to develop projects that address the root causes of poor health rather than focusing only on risk factors or disease symptoms.
- Develop longer-term funding cycles that recognize the need for extensive work over a period of time in order to change existing conditions and processes that contribute to health inequities.
- Provide mini-grants and technical assistance for first time grantees to build up their capacity and infrastructure to apply for future grants.
- Identify and implement new methods to include representatives from communities most affected by inequities in the grant development and review process.
- Include guidelines and fiscal support in funding announcements that require grantees to form partnerships with organizations outside of healthcare to address the root causes of health inequities.
- Partner with other federal agencies such as the Department of Transportation, the Department of Education and others to leverage existing resources to develop collaborative grant programs and technical assistance that supports cross-cutting initiatives and which ensures that all parties receive credit and recognition.
- Fund the development of capacity-building strategies that increase opportunities for low income and communities of color to advocate for change that is informed by local knowledge.

CLOSING COMMENTS

The Expert Panel believes that urgent action is needed to address fundamental inequities in resources and processes needed for health. This urgency has grown since the Expert Panel was convened as worsening economic conditions exert additional hardships on those who experience historical economic and social disadvantages as well as increases the number of Americans now experiencing disadvantaged conditions for health. Resources for health, and the processes by which they are distributed, underlie the health gap between socially advantaged and disadvantaged groups. Health inequities are not random events, but are caused by inequities in our society. Momentum for change is building, providing a unique and timely opportunity to rethink the public health vision and what constitutes relevant action. CDC can provide significant leadership to support changes that address social injustices contributing to health inequities. CDC's convening of the National Expert Panel on Social Determinants of Health Equity is a positive step in the right direction. These recommendations can accelerate efforts by CDC, public health, and society to create conditions in which all people have a fair chance to be healthy and to pursue opportunities to achieve their full human potential.

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APPENDIX A

DEFINITIONS AND KEY TERMINOLOGY

Classism – prejudice or discrimination based on class (Merriam-Webster online dictionary. Available at http://www.merriam-webster.com/dictionary/classism)

Class – a group sharing the same economic or social status; social rank (Merriam-Webster online dictionary. Available at http://www.merriam-webster.com/dictionary/class). Classes represent the organized collective power of a well-resourced group to shape social processes, institutions, economic development, and the built environment, direct society's investments, manipulate policy, and rules of the game. (See Richard Hofrichter and Rajiv Bhatia (eds), Tackling Health Inequities through Public Health Practice: Theory to Action (New York: Oxford University Press, 2009. Forthcoming.

Health equity – the fair distribution of health determinants, outcomes, and resources within and between segments of the population, regardless of social standing. (CDC Health Equity Work Group, October 2007).

Health inequities – *avoidable* inequalities in health between groups of people within countries and between countries. These inequities arise from inequalities within and between societies. (World Health Organization. Backgrounder 3: Key Concepts. Available at http://www.who.int/social_determinants/final_report/key_concepts_en.pdf)

Sexism – prejudice or discrimination based on sex ; *especially***:** discrimination against women; behavior, conditions, or attitudes that foster stereotypes of social roles based on sex (Merriam-Webster online dictionary. Available at http://www.merriam-webster.com/dictionary/sexism)

Sexism...involves inequitable gender relationships and refers to institutional and interpersonal practices whereby members of dominant gender groups (typically men) accrue privileges by subordinating other gender groups (typically women) and justify these practices via ideologies of innate superiority, difference, or deviance. (A Glossary for Social Epidemiology, Available at: http://www.paho.org/english/sha/be_v23n1-glossary.htm)

Social class – a social grouping of people based on common economic and other characteristics determined by society and reflecting a social hierarchy. (Understanding Race: A Project of the American Anthropological Association.Available at http://www.understandingrace.org/resources/glossary.html#s)

Social determinants of health – are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. (CSDH. *Closing the gap in a generation: Health equity through action on the social determinants of health*. Final Report on the Commission on Social Determinants of Health. Geneva: World Health Organization, 2008.Available at http://www.who.int/social_determinants/final_report).

Racism –

1) a belief that race is the primary determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race; racial prejudice or discrimination (Merriam-Webster online dictionary. Available at http://www.merriam-webster.com/dictionary/racism)

2) the use of race to establish and justify a social hierarchy and system of power that privileges, preferences or advances certain individuals or groups of people usually at the expense of others. Racism is perpetuated through both interpersonal and institutional practices. (Understanding Race: A Project of the American Anthropological Association. Available at http://www.understandingrace.org/resources/glossary.html#r

3) The term *structural racism* refers to a system in which linked public policies, institutional practices, cultural representations, and other norms often reinforce the perpetuation of

racial group inequity. Structural racism identifies dimensions of our history and culture that have allowed privileges associated with "whiteness" and disadvantages associated with "color" to endure and adapt over time (Anne Kubisch, et al. "Structural Racism and Community Building," in Tackling Health Inequities through Public Health Practice: Theory to Action, Richard Hofrichter and Rajiv Bhatia (eds.) New York: Oxford University Press, 2009, forthcoming).

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