



ROBERT WOOD JOHNSON FOUNDATION
Commission to Build a Healthier America

A State-by-State Look at Child and Adult Health: Recent Reports and Other Resources from the RWJ Commission to Build A Healthier America

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Overview



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Commission to Build a Healthier America

- The Commission
- Multiple resources on [www. Commissiononhealth.org](http://www.Commissiononhealth.org)
- Focusing today on 2 recent reports that highlight how education and income are closely linked with health
 - Nationally and in every racial/ethnic group
 - In every state
- Underscoring the need to address social factors – education, income, and other factors associated with them– to achieve a healthier America and reduce disparities

Data sources

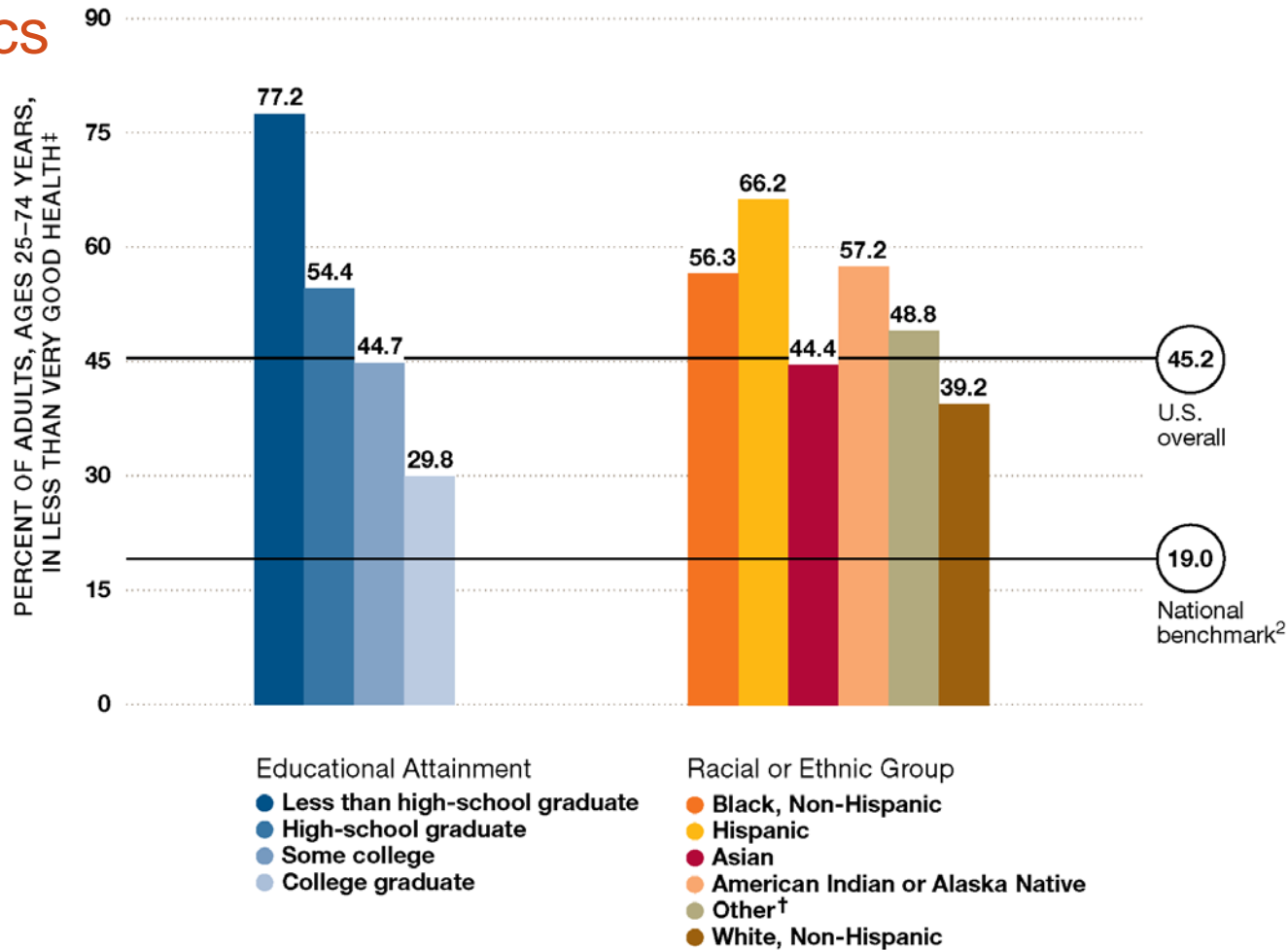


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- **2006 American Community Survey (ACS)**
 - Household income and racial or ethnic group (national and state)
- **2005-2007 Current Population Survey (CPS)**
 - Household education level (national and state)
- **2000-2002 Period Linked Birth/Infant Death Data Set**
 - Infant mortality by mother's education and racial or ethnic group (national and state)
- **2003 National Survey of Children's Health (NSCH)**
 - Children's general health status by household income and education and by child's racial or ethnic group (national and state)
- **2005-2006 Behavioral Risk Factor Surveillance System (BRFSS)**
 - Adult's self-reported health status

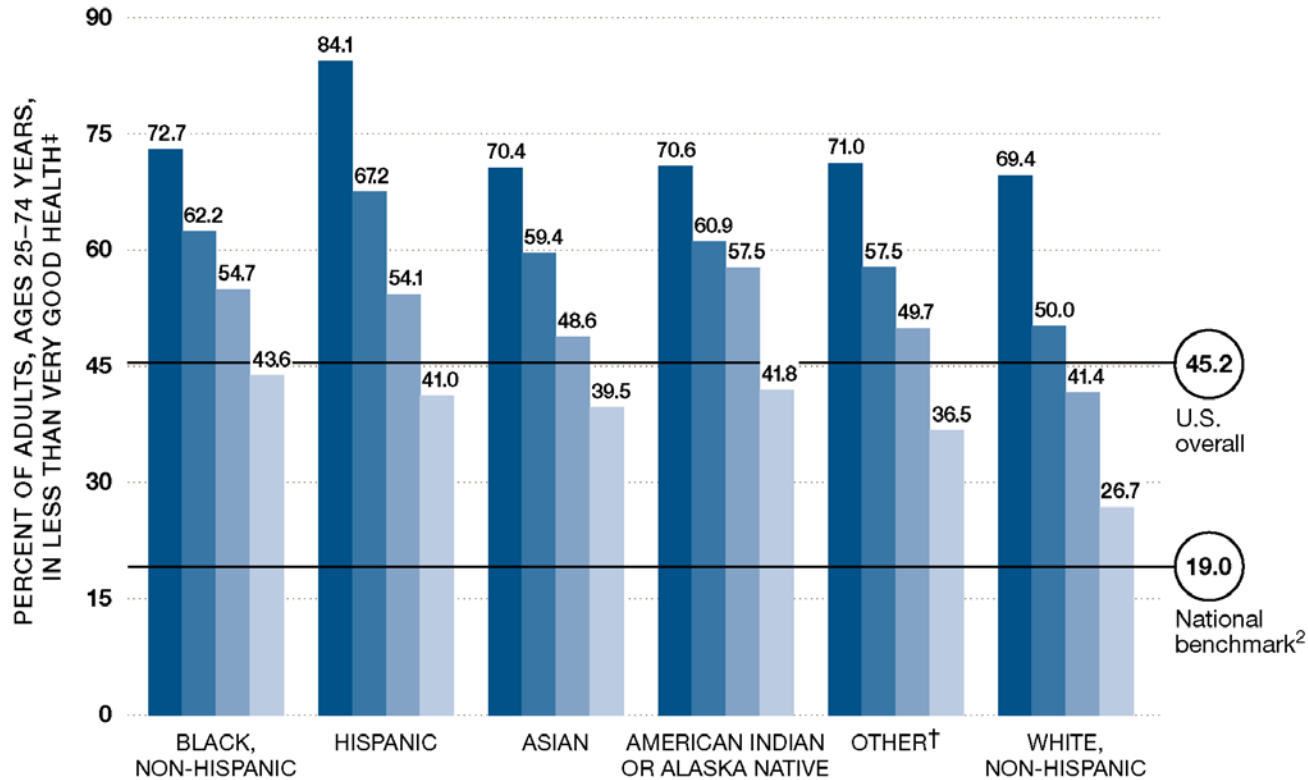


Higher education, better health. Worse adult health among blacks, American Indians, Hispanics





In All Racial/Ethnic Groups, Higher Education Means Better Health

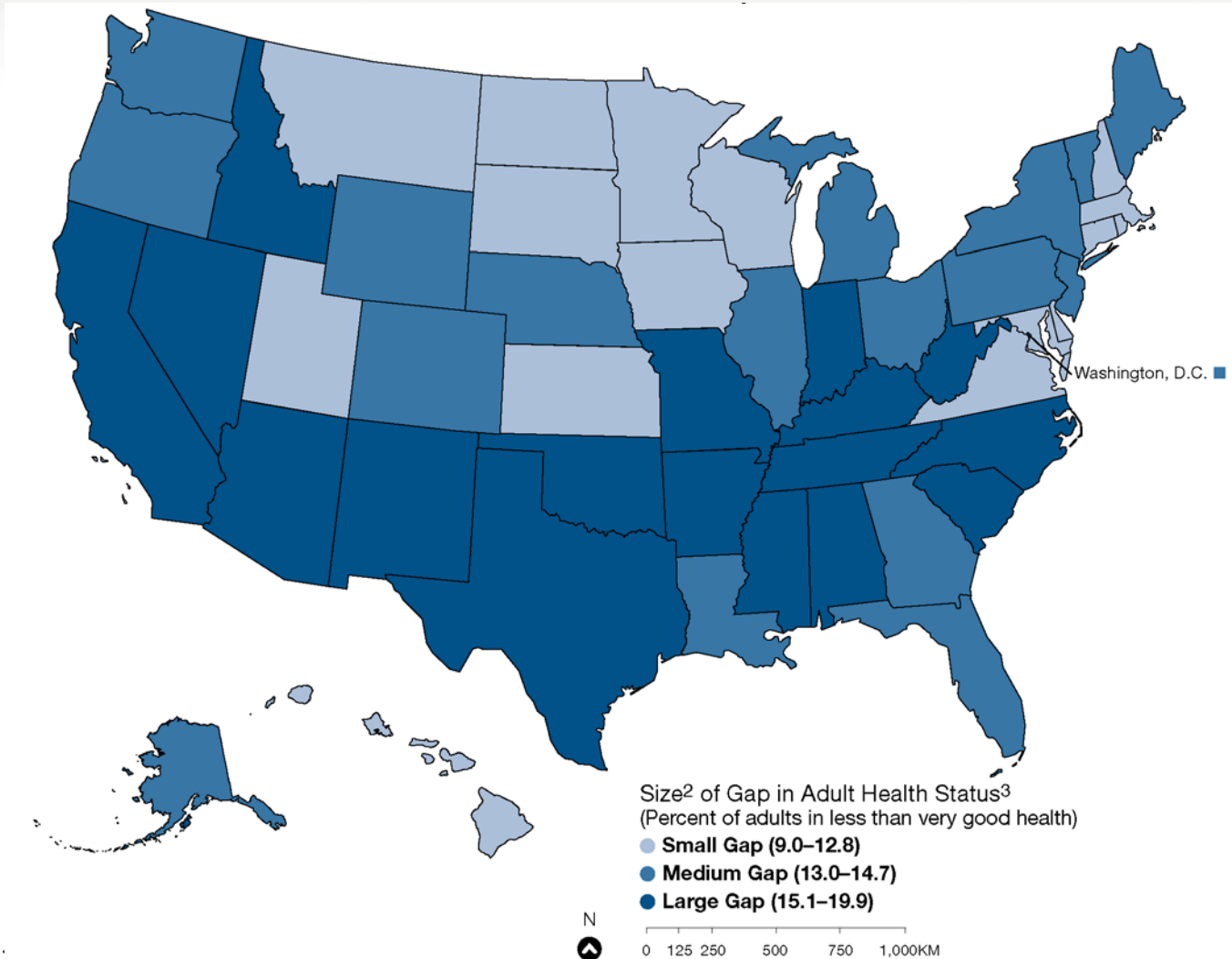


Educational Attainment

- Less than high-school graduate
- High-school graduate
- Some college
- College graduate

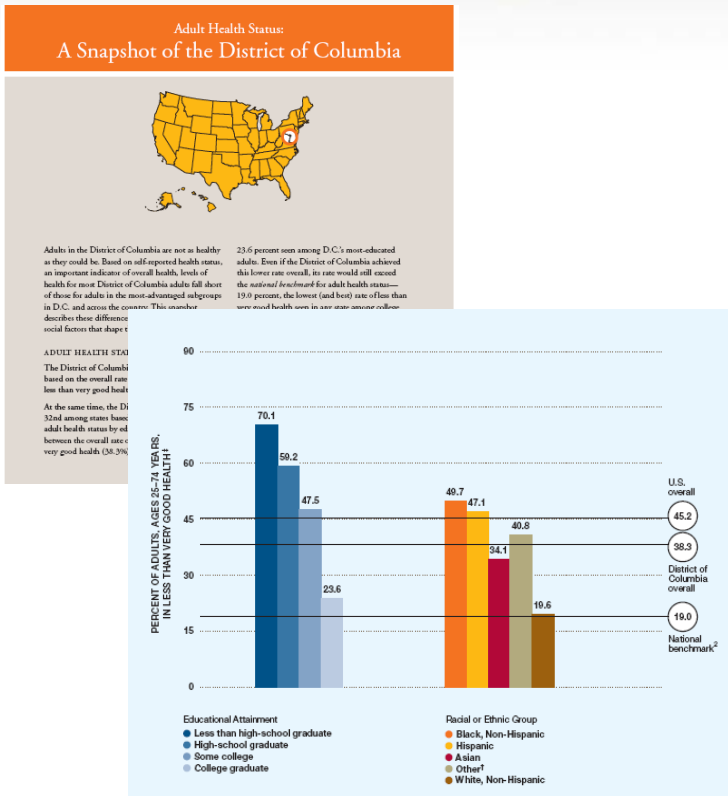


How Do States Compare?





State Snapshots: Example: District of Columbia



- 23.6% of the most educated adults (vs 38.3% of all adults) reported not being in very good health
 - **Gap** – 14.7%
- Even if DC achieved the rate of its most educated adults, it still would not achieve the national benchmark



Similar patterns for child health (separate report)

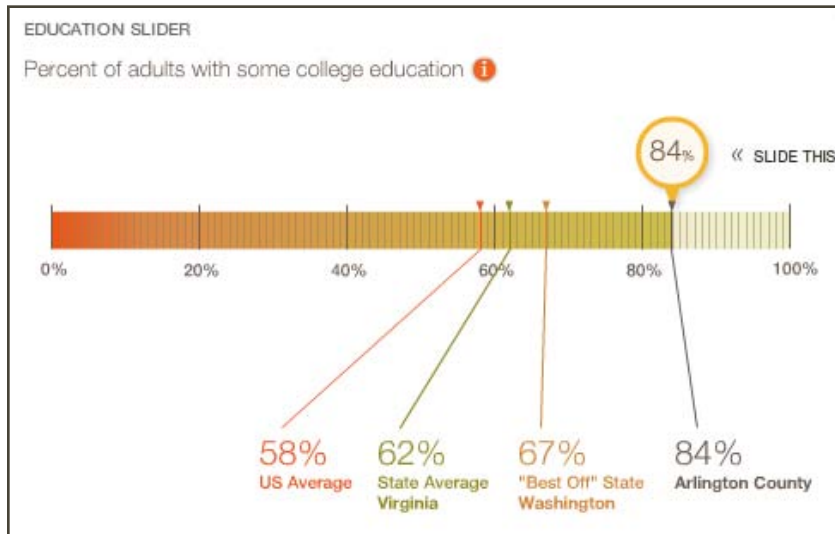
- Infant mortality and parent-reported overall child health status
- As with adult health status:
 - Higher income or education → better health
 - Not just the lowest group vs all others; health improves at each step
 - Nationally overall & in all racial/ethnic groups
 - In every state



Education & Health Calculator – A Look at Two Counties

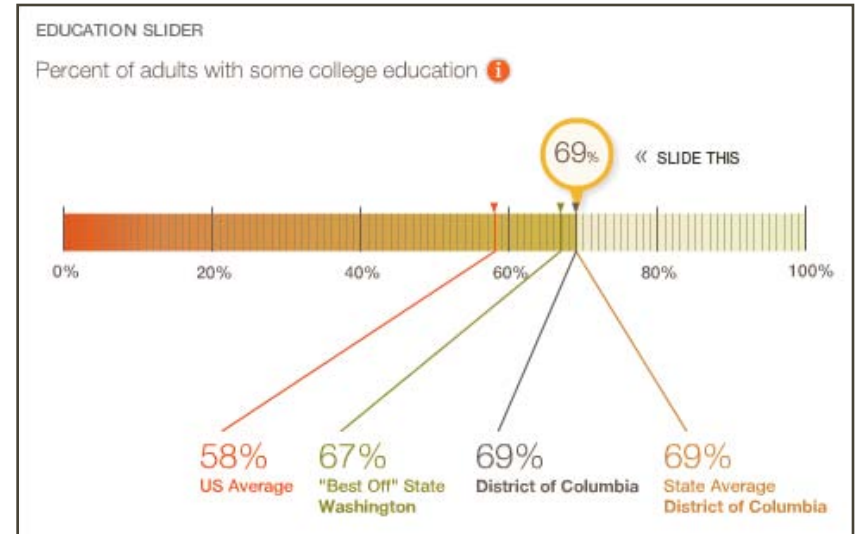
Arlington County, VA

84% of adults in Arlington County have some college education.



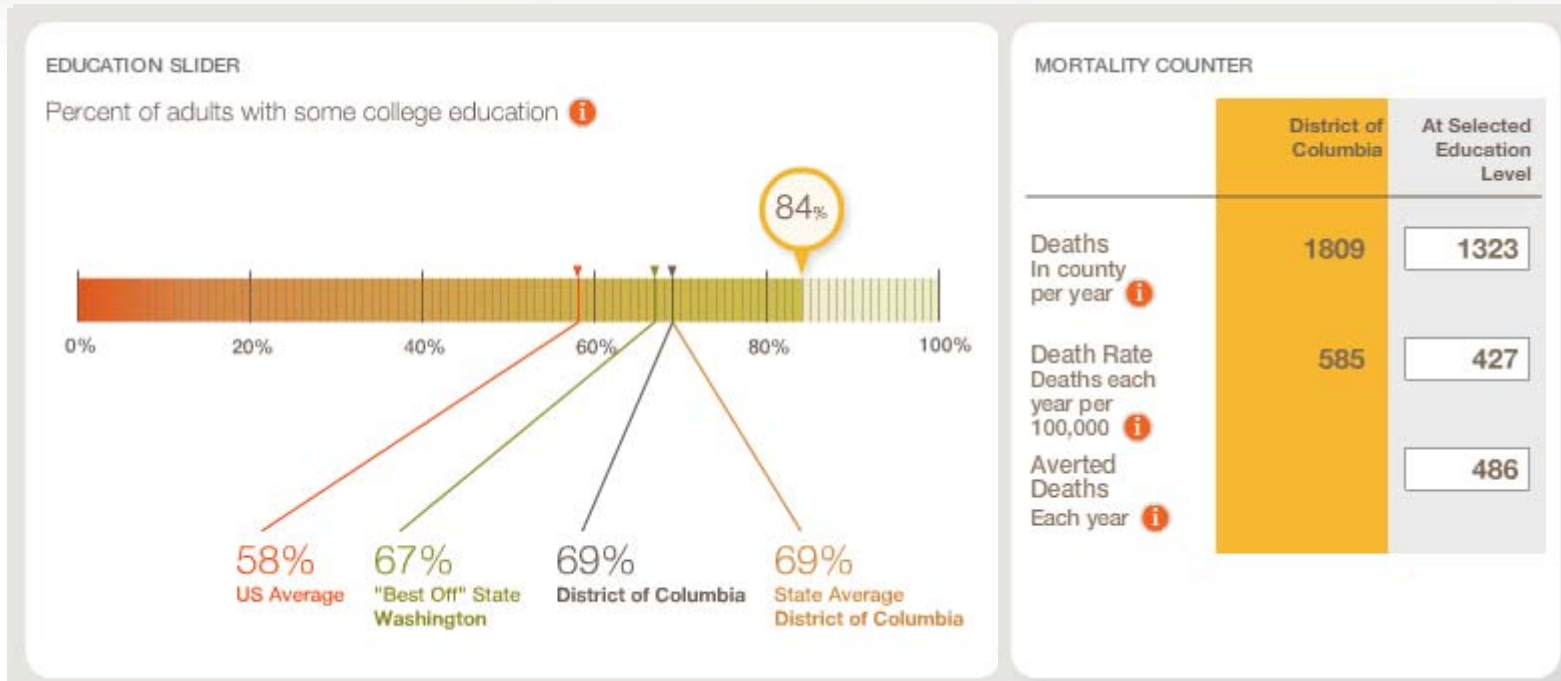
District of Columbia

69% of adults in D.C. have some college education.





What if D.C. Had the Same Education Levels as Arlington Co.?



Use the Education Slider to see how many deaths could be averted in D.C. if education levels matched Arlington County. Move the slider to 84% and watch the mortality counter change.



What's new?

Aren't there lots of state-level reports on health?

And even some on health disparities?



“The poor are getting poorer, but with the rich getting richer it all averages out in the long run.”



What's new? Focusing on socioeconomic disparities in health

- Other sources provide state-level information on average rates of health and/or social factors; some compare across states
- Some examine state-level *racial/ethnic* disparities in health
- Some examine health by education or income, but do not compare or rank states on relative size of socioeconomic gaps/disparities
- You can use this information to raise awareness among & motivate the public and policy-makers
 - Bring alive the concept of social determinants of health

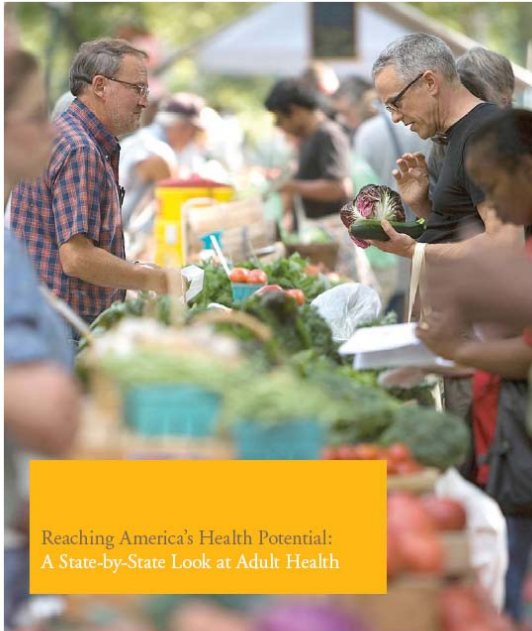


Conclusions

- **America's children and adults are not as healthy as they could be.**
 - As income and education increase, health improves. Nationally overall & in all racial/ethnic groups, and in every state.
 - Greatest health shortfalls among those in poorest or least-educated households, but even 'middle-class' persons are less healthy than those with greater advantages.
 - Could have implications for garnering political support
 - In most states, levels of health in nearly every income, education and racial/ethnic group do not meet the national benchmarks.



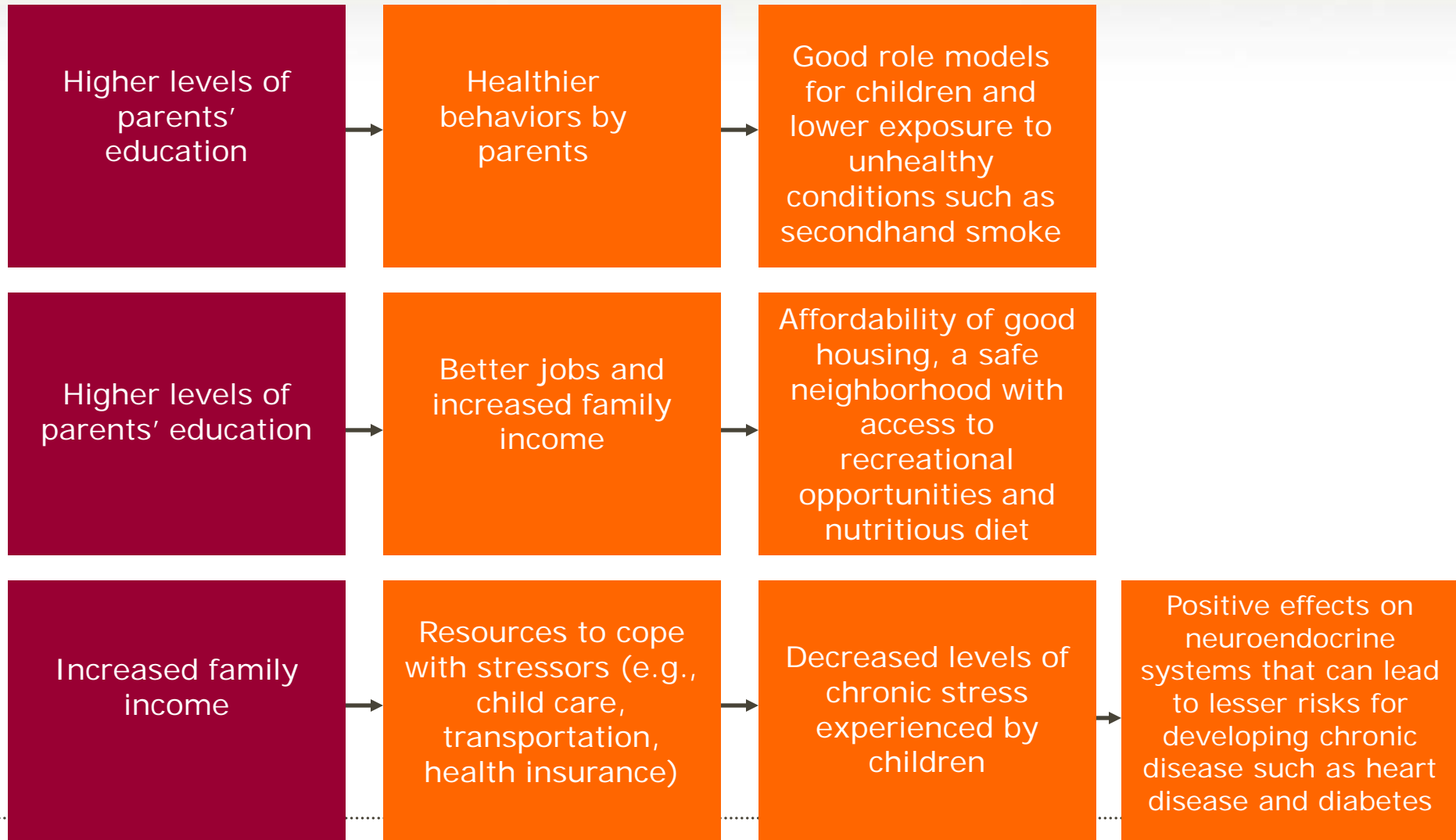
What Does This Mean?



- Most Americans are not as healthy as we could be – yet good health is achievable.
- When thinking about **health** policy, we cannot afford to look at **health care** alone.
 - Reports highlight the need to focus on education, income, associated factors, and their impact on health.
 - Associated factors include early childhood programs, housing, neighborhood quality and nutrition policies.
 - Is it really about education/income?
 - If one is not born affluent, how else can s/he escape unhealthy living/working conditions except via education?

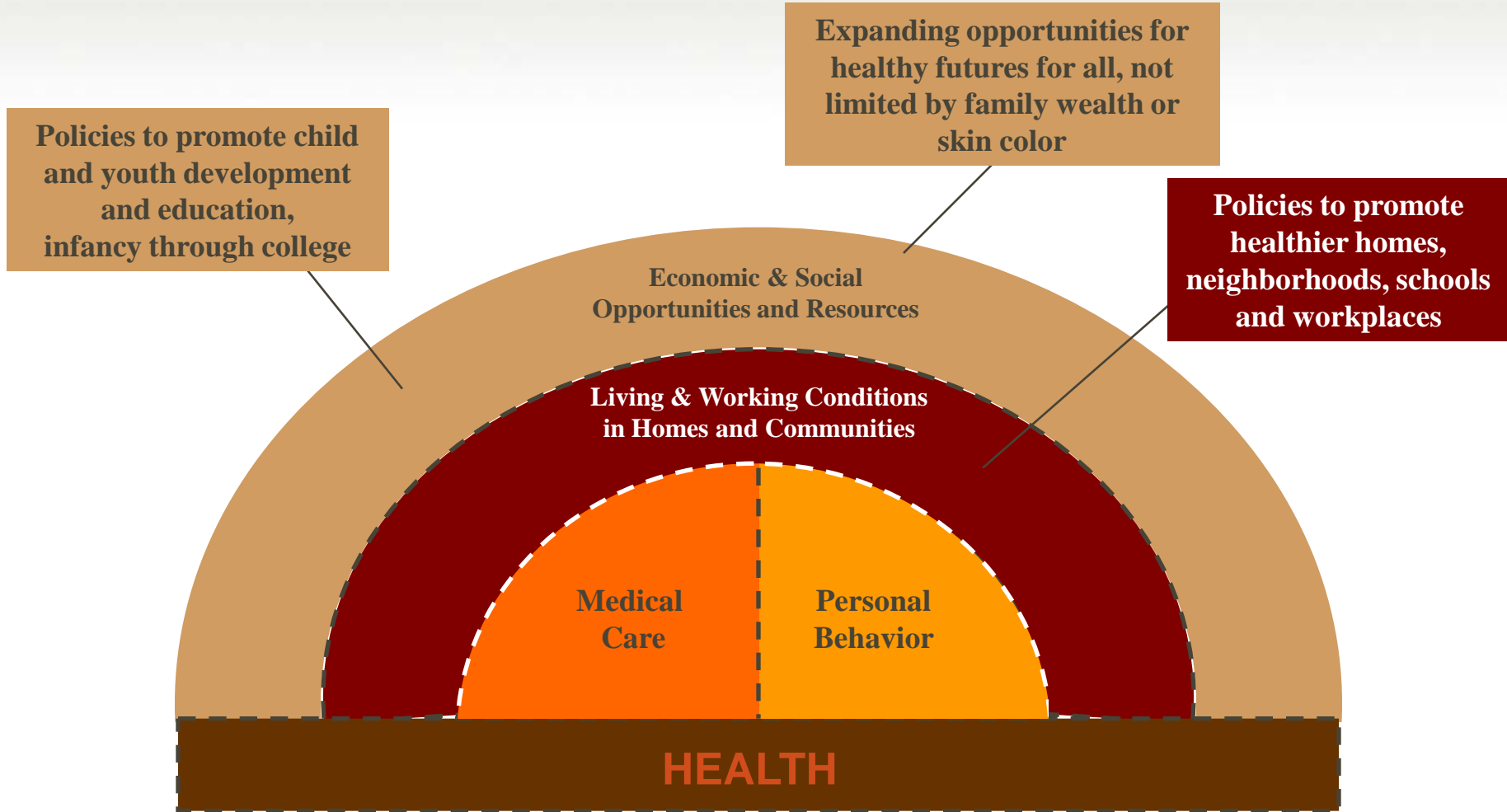


How Social Environments Can Shape Health in Childhood and Later in Life





Strategies to improve the health of all Americans: Broadening the focus.





What can grantmakers do? E.g., push grantees to:

1. Use the data to stimulate public & policy-maker forums
2. Form coalitions that will set targets & monitor progress.
3. Use 1+2 to garner public attention & foster debate about action.
4. Consider social policies to improve health and reduce health disparities, and how to achieve healthy policies in all sectors
5. Fund projects convening different sectors –e.g., housing, child care, transport, education, urban planning– to explore potential “win-win” situations for them + health
 - Enlist Governors/Mayors vs health sector as the visible lead
6. Fund multi-faceted efforts touching more than one sector
7. Require evaluations that use a disparities lens
8. Don't retreat on equitable care, but add advocacy for changing the determinants of whether people get sick in the first place
9. Get more resources from www.commissiononhealth.org