

Bridges into Health: Fighting Health Disparities in the U.S.

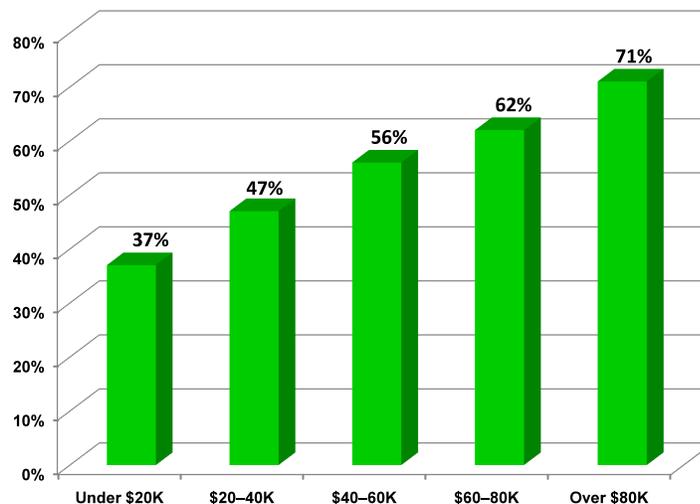
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The closer you live to a convenience store in this place, the more likely you are to be obese and to smoke. This is a place where there is not a single chain grocery store. If you live here, you will have a shorter life expectancy. In this place, infants and toddlers will not get the basic food and housing security necessary for full brain development. The children live in places where the paint contains lead, dangerous mold lurks behind the kitchen cupboards, and the air quality is poor. Children in these places are more likely to have asthma and diminished immune systems. These conditions are found in many places in the U.S.

A surge of public health research has shown the direct link between poverty and illness in the U.S. The World Health Organization defines *disparities* as “differences in health which are not only unnecessary and avoidable but ... in addition, are considered unfair and unjust.”

The steep gradient between income and poor health in the U.S. is shown in the National Health Interview Survey data (see graph below). Studies have identified that non-whites are vulnerable to poorer health compared with their white counterparts within the same economic status. And there is a link between the education level of parents and the overall health and life expectancy of their children.

**U.S. Overall Health by Income
NHIS 2001–2005**



Source: National Health Interview Survey (NHIS) 2001–2005, <http://www.cdc.gov/nchs/nhis.htm>

One enemy is a stress-related hormone called *cortisol*. Researchers have found increased cortisol levels in infants who are in disadvantaged environments. These stress hormone levels are thought to interfere with brain development in children who would develop normally in more stable conditions (Pearlin, Lieberman, Menaghan, & Mullan, 1981). Health outcomes for children

depend not only on how poor they are at any point in time, but on the extent of their poverty over time as well (Brooks-Gunn, Duncan, & Britto, 1999).

“Vulnerability may arise from individual, community, or larger population challenges and requires different types of policy interventions—from social and economic development of neighborhoods, communities, and educational and income policies to individual medical interventions. Both the environmental factors and social context shape choices” (Mechanic & Tanner, 2007). The environment where we live and the social connections we have influence our choices.

Public health is now focused on the social determinants of health, such as neighborhood environments. This is where the health disparities recommendations for community health meet with the Bridges Out of Poverty model. The Bridges and Framework for Understanding Poverty concepts and strategies are being used by communities and health care organizations to build sustainable—and therefore healthier—communities. Along with the Circles Campaign, we have developed a comprehensive, cradle-to-grave continuum of strategies designed to build financial sustainability and social capital—positive social connections and inclusiveness—for under-represented groups (DeVol, 2004; Miller, 2008). The continuum promotes strategies that address all causes of poverty and goes beyond individual choices as the cause of poverty and poor health outcomes (DeVol, 2010).

By focusing attention on the growing body of health inequities research and using strategies that the health sector and communities can incorporate, we can build wealth and health for vulnerable groups, thus improving our communities’ overall stability and security.

If your community or organization is interested in healthier outcomes, aha! Process, Inc. announces a new workshop called [Bridges into Health: Strategies to Reduce Inequities and Increase Health Outcomes](#). Please contact us for more information.

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