

# ***It Does Take a Village***

**By John Steen**

By now, it should be clear that I've been traveling upstream from the social determinants of health toward their ultimate sources, hoping that you would be following me. I've described the cause of the social determinants of poor health as the pathological politics of neoliberalism, and I've criticized the Marmot Commission Report, "Closing the Gap in a Generation" (2008) as being flawed for framing the issues in social determination while ignoring those in political determination. But it isn't just politics; we have a toxic culture too, one full of myths that blind us to how the society really works and for whom. American Exceptionalism indeed! It tells us that we are blessed with unlimited opportunities to better ourselves, and that if we fail to do so, it is solely our own failing. By promoting individualism and materialism at the expense of community solidarity, it damages our mental health. That culture is what shapes the behavior of everyone in the society by teaching us how to see ourselves and the world, so it will not do for public health to promote better lifestyles for everyone while failing to identify and confront all the socio-cultural influences adverse to its goals. To do so is implicitly blaming the victim.<sup>1</sup> The failure to provide the full story is an oversight unacceptable from an agency like the CDC tasked with the missions of prevention and promotion, as well as from agencies like the National Research Council of the National Academy of Sciences whose mission is to inform citizens.<sup>2</sup> We deserve to be empowered with the knowledge necessary to improve our lives.

The dysfunctional nature of our culture is evident in the depreciation of our communities. Too many of our cherished myths promote "free enterprise" without reference to the value of investing in the community that sustains us. Success in our society today results from a competition that separates us from our fellows. Our lives are fragmented – no longer do they track the kinds of lasting social relationships we used to have. It is increasingly difficult for us to find the meaning and purpose in our lives on which our wellbeing depends.

## **Prenatal Care Is Cultural as Well as Medical**

And it is children who suffer most from adverse childhoods in that culture when they lack consistent emotional connections to nurturing caregivers. They develop without the social sense and the empathy that would connect them to others. They often don't learn the values that empower us to care for ourselves and for others.<sup>3</sup> The pathology here is due in large part to the social and economic stress put on parenting, resulting in neurological deficits for children that prevent their proper development and make them vulnerable to a range of developmental and opportunistic diseases. This pathology then bears enormous costs for society. For these reasons, public health must place greatest priority on improving the quality of life for families. That can only be accomplished through everyone's efforts once everyone sees all that is to be gained and all that must be done. I think that is the goal for public health: To reveal the ways in which wellbeing may be achieved. We cannot avoid seeing that society is our patient.

The public health ethic is one that seeks fundamental social change. It seeks a society that maximizes the human capacities to flourish of each and every one of its members, but that can only be achieved through empowerment of the community that supports them. Healthcare

workers can incentivize individuals to meet certain goals, but communities can incentivize them to live better lives. Community derives its strength from a commonality of interests that requires a measure of social and economic equality.

### Social and Economic Inequality<sup>4</sup>

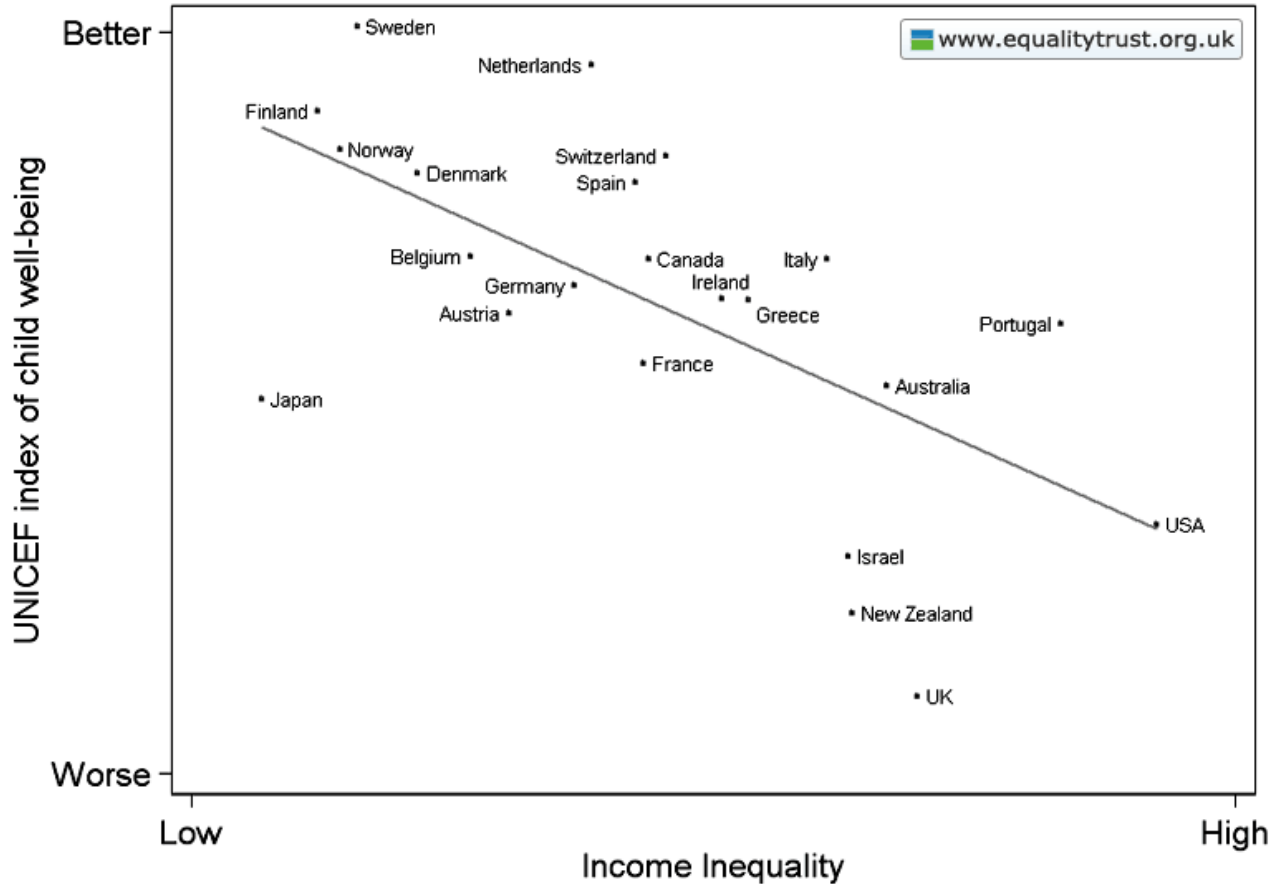
Divisive inequalities in communities are inequitable most of all for undermining the trust on which the quality of community life is founded. Furthermore, inequalities are antithetical to the ability of their members to see themselves as being worthy of their own efforts to create a better life and to their potential to succeed. The chart below illustrates this relationship in major nations. Generalized trust in the U.S. has declined from 58% in 1960 to 34% in 2003. The Scandinavian countries and Japan exemplify the benefits of societal equality, and also have the best health status of all nations.



The Scandinavian countries believe “that the basic unit of society is the individual and a central purpose of policy should be to maximize individual autonomy and social mobility.” They manifest a “commitment to personal autonomy, a strong state, and social equality.” Their citizens feel empowered in their individualism by a tightly knit social safety net that “liberates the individual citizen from all forms of subordination and dependency” and does “not lead to social fragmentation, distrust, and short-term maximization of material interests.” In those countries, “social trust,

confidence in state institutions, and relative equality coincide.” Individual autonomy can “lead to greater social cohesion if it is done in an egalitarian way.”<sup>5</sup>

And here is the relationship between income inequality and child well-being:



### Public Health Practice: Informing the Debate

Public health must identify all of the impediments to good health no matter how far upstream they are found. Its moral voice is needed more today than ever before in its history. When will we stop pulling babies out of the stream and make our way all the way upstream to the spring into which they are being dumped? That’s the spring we all have to drink from.

The Equality Trust (UK) has this to say about causes:

Governments in all rich countries control close to 40 percent of economic activity: they cannot avoid affecting income differences. The increase in inequality in both Britain and the USA almost certainly reflects the neo-liberal economic policies of the governments in power. Differences in “market incomes” – that is income before taxes and benefits – can be reduced by strong trade unions, by minimum pay policies, by employee representatives on the board, by a public ethic intolerant of the “bonus culture” and so

on. They can also be reduced by taxes and benefits, particularly if more stringent action is taken to prevent tax avoidance. Other less direct influence on income differences include education policies and the management of the national economy.<sup>6</sup>

It is necessary for people to understand the many profound implications of the relation between greater equality and greater quality of life. They have a right to know the sources of the declining quality of our community life. Then they must have the political will to make all the improvements necessary in our dysfunctional society.

**The Equality Trust believes that greater economic democracy is essential in order to transform our economy, reduce income differences by bringing pay differentials under democratic control, redistribute wealth and create the foundations for a healthier, happier and more sustainable society.<sup>7</sup>**

I want public health to regain its integrity by returning to its mid-nineteenth century roots and confronting the barriers to social justice in their political context. I think it may be more willing to risk doing that if it sees itself standing on the shoulders of giants. It needs to enter the social and political debate that “would shift away from treating the consequences of inequity and toward the fundamental injustices, institutions, practices, and conditions that cause and perpetuate health inequities.”<sup>8</sup> Public health’s key tool is epidemiology, and that epidemiology is political. Most of all, **its obligation is to explain to its patient – the society – how power and privilege are distributed and used to drive agendas that oppose health and well-being for all.<sup>9</sup> If it fails to do this, it remains part of the conspiracy opposed to greater equity and to the health improvement for all that can only be realized through greater equity.<sup>10</sup>**

The greatest triumphs of propaganda have been accomplished, not by doing something, but by refraining from doing. Great is truth, but still greater, from a practical point of view, is silence about truth." – Aldous Huxley, Forward to *Brave New World* (1946)

It does take our whole village to correct this, but our village cannot do so without first understanding what is happening and who is responsible for it. It is happening well upstream of the health system, which is where public health must go to reveal the power relations producing and maintaining societal inequities supported by our dominant neoliberal political and economic ideologies, and to replace those ideologies with the conviction that **health is a fundamental human right**. Public health has always had an important story to tell, that of the human condition, and to fulfill its own ethic, it must complete the story.

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<sup>1</sup> For an example of blaming the victim, and of our pathological culture, see the comments of Bill O’Reilly at <http://mediamatters.org/research/200406160005>.

<sup>2</sup> According to a commentary by Michael Marmot and Ruth Bell, the Robert Wood Johnson Foundation's *Commission to Build a Healthier America* fails to address structural drivers of health inequity over personal responsibility. See their, “Improving Health: Social Determinants and Personal Choice,” *American Journal of Preventive Medicine (Supplement)*, 40(1), January 2011, S73-S77. <http://www.rwjf.org/pr/product.jsp?id=71591>

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<sup>3</sup> For a convincing study of how the social capital in communities can reduce the risk for adverse health outcomes among its members, see Gary W. Evans and Rachel Kutcher, “Loosening the Link Between Childhood Poverty and Adolescent Smoking and Obesity: The Protective Effects of Social Capital,” *Psychological Science*, vol. 22, no. 1, January 2011, pp. 3-7. <http://pss.sagepub.com/content/22/1/3.abstract>.

<sup>4</sup> For recent updates from the U.S. Census Bureau, go to:  
<http://www.census.gov/hhes/povmeas/methodology/supplemental/research.html>

<sup>5</sup> *The Nordic Way: Shared norms for the new reality*. A report prepared for the World Economic Forum in Davos, Switzerland, January 2011. <http://www.globalutmaning.se/wp-content/uploads/2011/01/Davos-The-nordic-way-final.pdf>.

<sup>6</sup> The Equality Trust at <http://www.equalitytrust.org.uk/why/evidence/frequently-asked-questions>.

<sup>7</sup> The Equality Trust at <http://www.equalitytrust.org.uk/take-action/economic-democracy>. (Emphasis in the original.) “Economic democracy exists when the units of economic organisations are owned and controlled by the people who work in them, and/or by those who use their services – people who have a genuine long-term interest in the organisations and the communities in which they operate rather than remote shareholders whose overriding interest is short-term financial gain.”

<sup>8</sup> Richard Hofrichter, “The Politics of Health Inequities: Contested Terrain,” in *Health and Social Justice: Politics, Ideology, and Inequality in the Distribution of Disease*, ed. Richard Hofrichter (Jossey-Bass, 2003), p. 39.

<sup>9</sup> For a good example of explaining this, see, Mayer Brezis and William H. Wilst, “Vulnerability of Health to Market Forces,” *Medical Care* 49(3): 232-239, March 2011. <http://journals.lww.com/lww-medicalcare/pages/currenttoc.aspx>.

<sup>10</sup> There is a poem, “Apolitical Intellectuals,” by Otto Rene Castillo that says all that need be said about this: <http://www.marxists.org/subject/art/literature/castillo/works/apolitical.htm>.

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For a recent analysis of the interplay of the social determinants with other relevant contextual factors, see Solar O, Irwin A. A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion Paper 2 (Policy and Practice), WHO, 2010. <http://bit.ly/hhFPdW>.