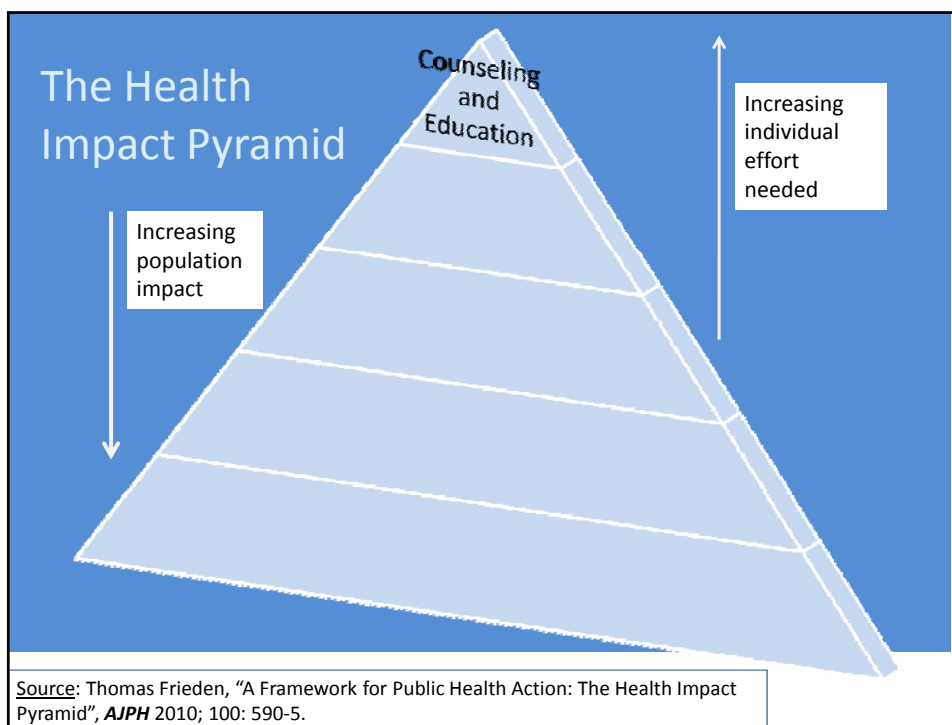
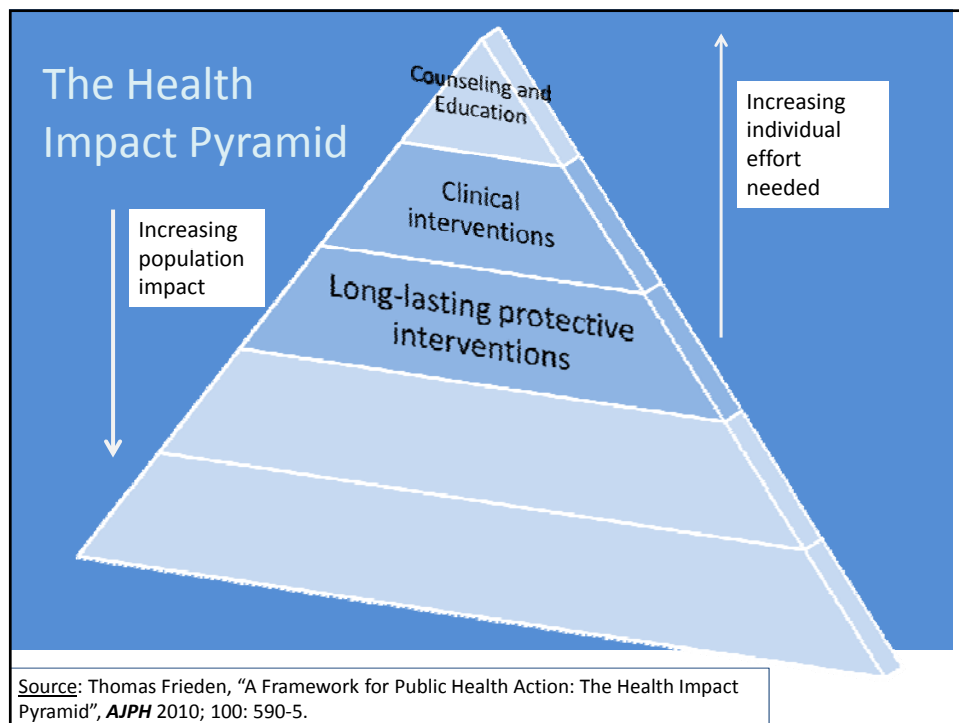
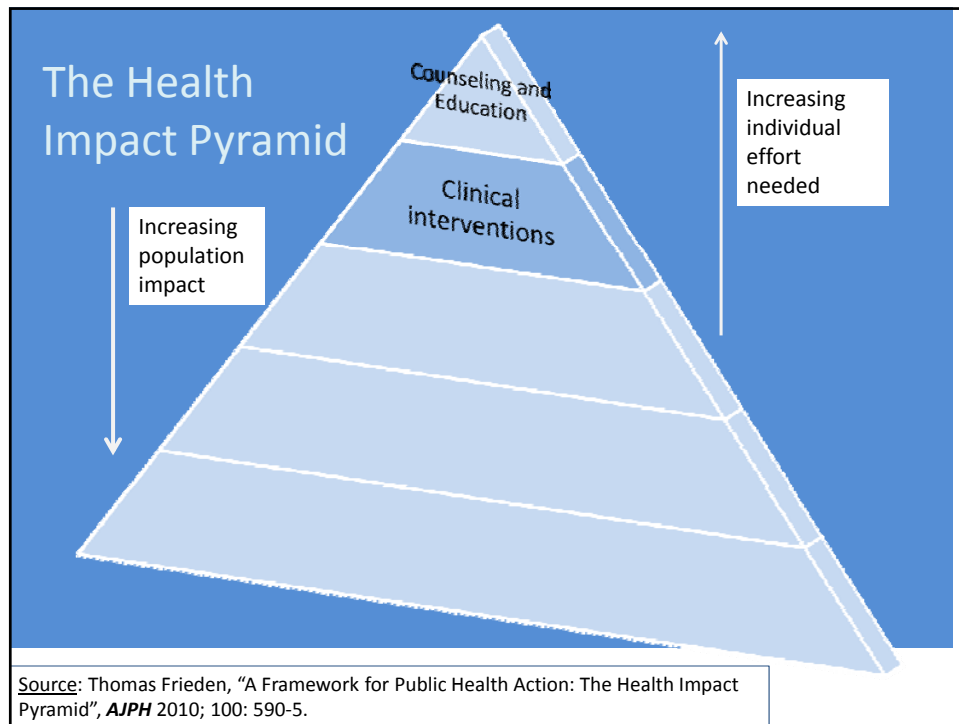


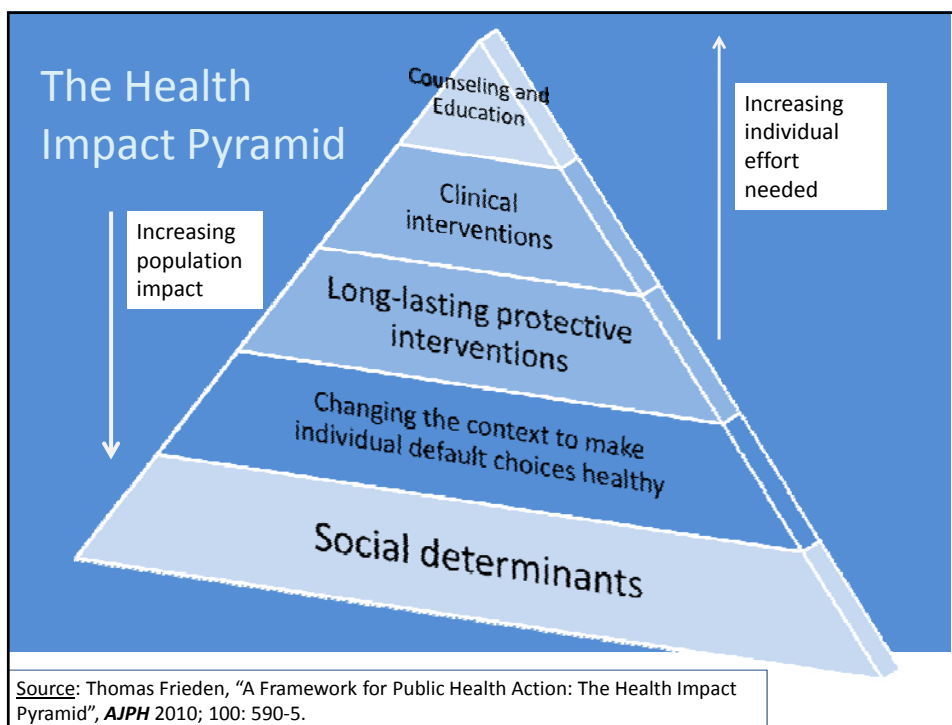
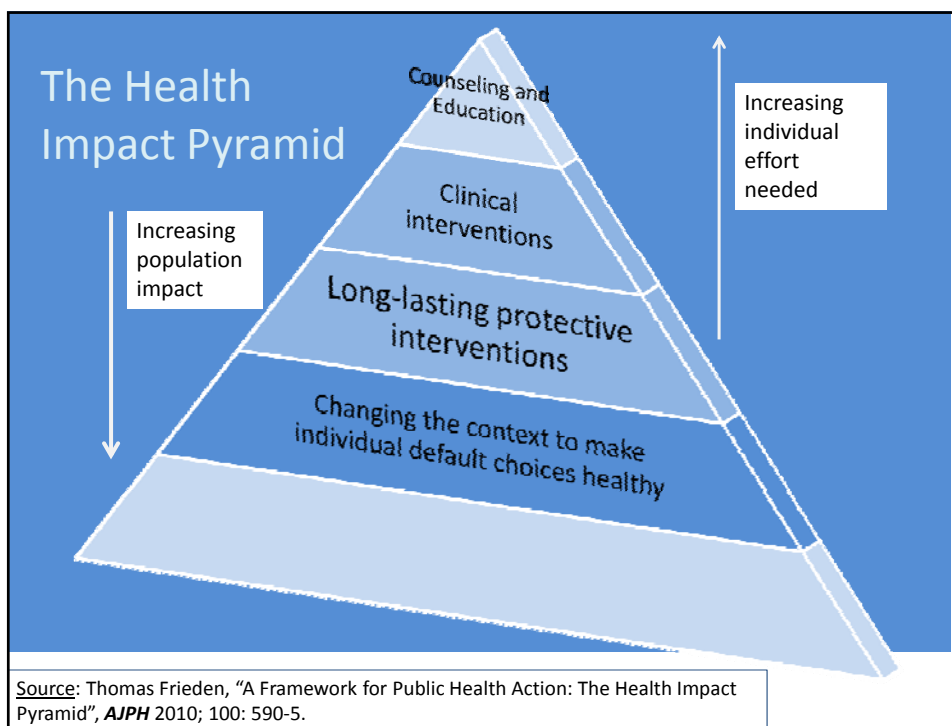
The Social Contextual Basis of Health Care



Ichiro Kawachi, MD, PhD
Professor of Social Epidemiology
Harvard School of Public Health







Why prevention ends up being the orphan child of health policy...



VS.

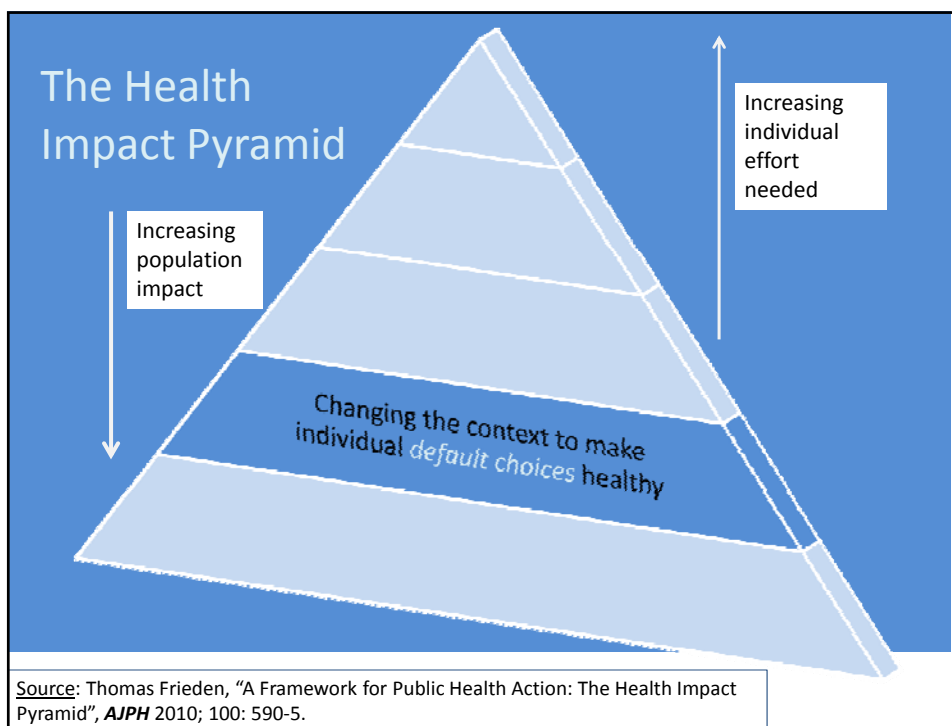


The Great Philosophical Debate

Personal
Responsibility



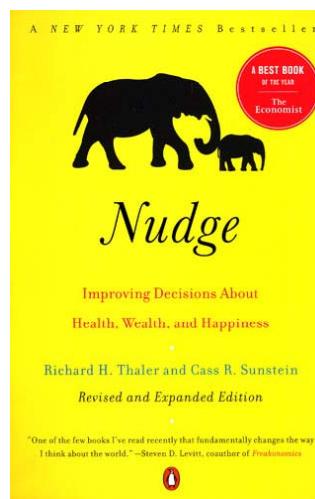
The "Nanny
State"



Default options

"Libertarian paternalism"

Shift behavior in self-interested (as opposed to self-destructive) directions without abridging the individuals' ultimate freedom to choose.



Penguin, 2008

Improving school nutrition

Traditional paternalism:

- Ban all “competitive” foods in school cafeterias.
- Ban the sales of all sugar-sweetened beverages.
- Restrict all beverages sold in vending machines to low/non-fat milk, 100% fruit or vegetable juice, or drinks containing no more than 10g sugar per serving.

Libertarian paternalism on the school lunch line

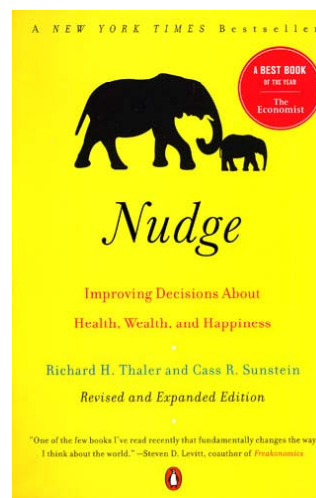
- Place broccoli at the beginning of the lunch line (↑ sales by 10-15%).
 - Make purchasing healthy items more convenient – e.g. create *Express Checkout Lane* for students not buying desserts/chips.
 - “Cash for cookies” – don’t allow them to be purchased on pre-paid debit cards (↓ cookie sales 50%, ↑ fruit sales 70%).
 - *Learn from McDonalds* (“Do you want to Supersize that?”).
- Train checkout cashiers to prompt: “Do you want salad with that?” (↑ sales 30%).



Doug Beghtel/The Oregonian

Default options

We can be “*choice architects*”, i.e. arrange things so that we help people make the best choice with the least effort.



Penguin, 2008

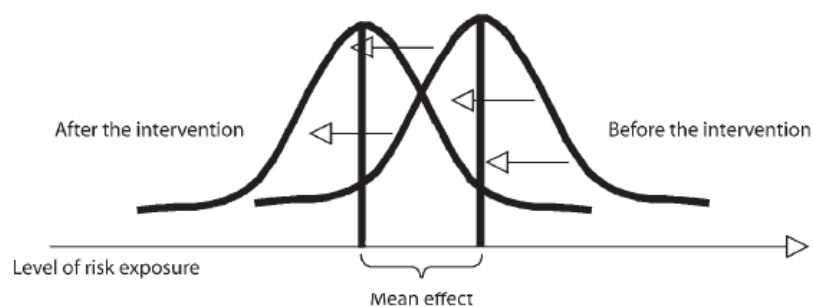
Do population strategies exacerbate health disparities?

The Inequality Paradox: The Population Approach and Vulnerable Populations

| Katherine L. Frohlich, PhD, and Louise Potvin, PhD

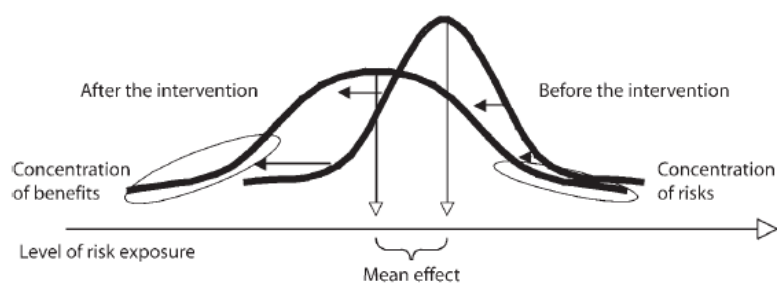
American Journal of Public Health | February 2008, Vol 98, No. 2

- Health disparities may be exacerbated by the unequal distribution of resources within society to translate population-level interventions into improved health outcomes.
- e.g. smoking cessation campaigns are selectively adopted by the more educated.
- cervical cancer screening is more readily adopted by high income women than poor women...



Note. Arrows indicate where the lines of the distribution would be after a population-level approach.

FIGURE 1—Hypothetical homogenous effect of a population-approach intervention on the distribution of risk in a population.



Source. Adapted from Rose.^[67]

Note. Arrows depict the shifting of the curve after a population-level approach. Circles indicate where the variation in risk is most flagrant.

FIGURE 2—Illustration of a potential increase in the variation of risk following a population-approach intervention.

- It is true that some health care interventions have caused a widening of health inequalities, *but this is by no means inevitable*.
- The distribution of effects depends on the nature of the intervention— *structural and environmental* interventions are likely to affect the population more evenly than educational programs aimed at individual behavior change.
- For example, fluoridated water supplies are most beneficial for children with the highest rates of tooth decay, and consequently, the addition of fluoride to drinking water has *reduced* dental health inequalities.

Woodward A, Kawachi I. Why should physicians be concerned about health inequalities? Because inequalities are unfair and hurt everyone. *West J Med*, 175: 6-7, 2001.

Bottom Line

- Population strategies that rely upon mass education campaigns, or uptake of medically-delivered services will tend to amplify pre-existing disparities.
- Population strategies based upon legislation/regulation, or targeted incentives to change behavior, will tend to flatten health disparities.