



ISSUE BRIEF JAN2021

Using research to build better public policy for families

Factors that Influence Health: The Importance of Social and Economic Conditions and the Physical Environment

Healthy families are the cornerstone for thriving communities and a strong economy. State policymakers play a significant role in improving the health of Wisconsin families and addressing health disparities. This issue brief discusses the factors that create good health and well-being for all, with an emphasis on social and economic conditions and the physical environment. It concludes with takeaways for state policymakers from seminar speaker Dr. Patrick Remington.

*This issue brief is one of four for the 39th Wisconsin Family Impact Seminar, **Beyond Healthcare Policy: Building the Foundation of Health for Wisconsin Families**, held January 13, 2021.*

KEY TAKEAWAYS

- Health and well-being are a function of the interaction of many factors.
- The social, economic, and physical environment—such as job opportunities, neighborhoods, and schools—influence a person’s health more than their medical care or behaviors.
- By leveraging evidence-based policies and programs, state policymakers can create a foundation of health for Wisconsin families, and in turn improve their quality of life and financial security and strengthen Wisconsin’s economy.

What Shapes People’s Health?

Health is a state of physical, mental, and social well-being, not simply an absence of disease, that allows people to meet their needs, be resilient, and achieve their full potential. Good health is created through the interaction of many factors, including:

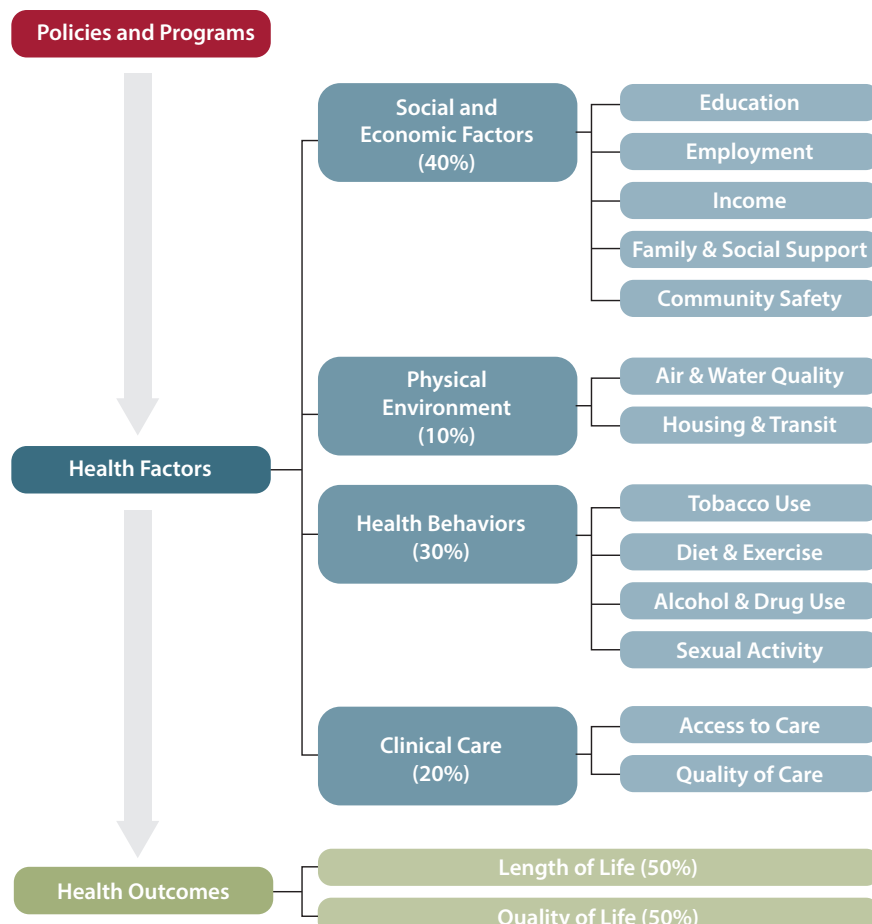
- medical care (e.g., access and quality),
- genetics and biology,
- health behaviors, and
- **the social, economic, and physical environment.**

Researchers at the University of Wisconsin–Madison and elsewhere have estimated that, taken together, *social, economic, and physical environment factors* have the largest influence on health outcomes (see Figure 1).^{1,2,3,4} These factors, often called *social determinants of health*, include:⁵

- employment opportunities
- income and financial stability
- housing (e.g., availability, affordability, and quality)
- neighborhood safety
- transportation (e.g., bus and subway systems, sidewalks, streets)
- recreational opportunities (e.g., parks, playgrounds)
- access to nutritious food
- early childhood care and education
- K-12 education
- family support
- racism and discrimination

Policies and programs are considered the foundations of good health because they create the environment in which the health factors operate. Policies frequently address individual behaviors (e.g., smoking) or medical care (e.g., disease management, insurance coverage) to change population health. However, policymakers can make significant improvements in health outcomes by investing in policies and programs that improve the social, economic, and physical conditions in which people live.⁶

Figure 1: Influence of Policies and Programs on Health Factors and Health Outcomes



Source: University of Wisconsin Population Health Institute
 Note: Genetics is excluded as a health factor because it is not modifiable by policies and programs.

Example How Income Influences Health

People who work low-wage jobs spend a large proportion of their income on housing. If their hours are reduced (even briefly) or they have an unexpected expense, they may lose their housing and have to move in with friends or family or to emergency shelter. The move may require them to find a new job and their children to change schools.

Programs that support families' incomes, such as the earned income tax credit, can buffer families against financial instability and prevent them from experiencing the health-harming effects of chronic stress. Financial stability promotes good health by ensuring families have stable housing, a good education (for parents and children), and nutritious food, and by supporting healthy behaviors.

Healthy People Create Healthy Families and a Healthy Economy

Good health improves the quality of life for the individual as well as their family. It also affects their financial security. Comparing men with a high school education, those in good health earn an average \$1,243 more each year than those with health conditions, and the earnings gap widens as the men get older.⁷ When families have the financial resources they need, they can stay in their homes, buy nutritious food, receive preventive medical care, and provide a higher quality of education for their children.

Employers and the economy also benefit when workers are in good health. Employers could gain nearly \$1,700 in productive time per employee per year if personal or family health problems were eliminated.⁸ Workers with health conditions tend to take more sick days and are less productive while working. Other workers must care for sick family members, so they reduce their work hours or leave the workforce altogether. The combined loss in productivity of workers with health conditions and workers with caregiving responsibilities totaled more than \$1 trillion in 2003.⁹

Closing racial health gaps also would produce significant benefits to families, employers, and the economy. Racial and ethnic minorities experience greater illness and premature death than Whites. It is estimated that eliminating the health gap between White people and Black, Asian, and Hispanic people would have saved more than \$1 trillion in indirect costs to the economy between 2003 and 2006.¹⁰ These indirect costs reflect losses from premature death, illness, and worker productivity. The potential gains are even greater if the billions of dollars in excess medical costs are included.

Family well-being and functioning are profoundly affected by family members' health. Healthy families are better able to carry out the functions they perform for society—forming families, creating partner relationships, providing economic support of its members, raising children, and caregiving. When one or more members are in poor health, families may need emotional, informational, or instrumental supports (e.g., insurance coverage, housing assistance) to maintain the family structure and carry out its vital functions.¹¹

Conclusion

For many reasons—equity, moral, and economic—policymakers, healthcare systems, employers, and philanthropic organizations have intensified their efforts to reduce health disparities and improve health for all. By drawing from research, policymakers can develop policies that achieve the greatest return with limited resources. Strategic investments in the social, economic, and physical environment are a cost-effective way to build a strong foundation of health for Wisconsin families and create thriving communities.



This issue brief was written by Heidi Normandin, Director of the Wisconsin Family Impact Seminars, and is the first in a series of four for the 39th seminar, *Beyond Healthcare Policy: Building the Foundation of Health for Wisconsin Families*. The Family Impact Seminars are an initiative of the UW–Madison La Follette School of Public Affairs, with generous support from the UW–Madison Chancellor’s Office and Phyllis M. Northway Fund. Visit our website at wisfamilyimpact.org.

Patrick Remington, MD, MPH

Professor Emeritus, Department of
Population Health Sciences
Director, Preventive Medicine Residency Program
UW–Madison School of Medicine and Public Health

Patrick Remington’s takeaways for legislators and other state policymakers:

State policymakers can build the foundation of health for Wisconsin’s families and communities.

Public health is more than the domain of public health agencies. It encompasses what we do as a society to create the conditions in which people can live long and healthy lives. Healthy People 2030—a decade-long initiative of the federal government—has outlined a mission to improve the health and well-being of all Americans and to eliminate health disparities between subgroups. State legislators and government agencies, as public health leaders, are integral to that mission. They can form and strengthen partnerships involving all levels of government, employers, schools, healthcare organizations, researchers, news media, and nonprofit organizations. The most critical aspect of their work is improving families’ social, economic, and physical environments, which research tells us is the most effective way to help families achieve good health and well-being.

To create the foundation of health and well-being for all families, we must be able to measure population health.

In 2004, Wisconsin led the nation in developing an innovative model that is now used across the United States to measure the health of entire communities. The [County Health Rankings model](#) measures two key health outcomes: how long we live and how well we live (i.e., quality of life). Importantly, it also measures the “upstream,” macro-level conditions that create these health outcomes—such as educational attainment, employment opportunities, and the environment.

These indicators help government leaders and other stakeholders understand the health of their communities and formulate a plan to assure every person has a long and healthy life.

Wisconsin’s overall health ranking is declining, from being one of the healthiest states to being in the middle of the pack.

Wisconsin saw improvements on many measures over the last three decades, including the infant death rate, smoking rate, and percent of residents without insurance. However, Wisconsin’s gains were eclipsed by other states that made even larger improvements. Although the reasons are unclear, the larger improvements seen in other states are likely due to differences in health policies as well as broad social, educational, and economic policies. Compared to other states, Wisconsin also has worse racial health disparities. The state earned an “F” grade for the death rates of African American and American Indian residents at every age from infant to older adults. Within Wisconsin, health outcomes vary dramatically among the 72 counties, as do their social, economic, and physical environments.

Challenges remain, but we can reach the goal of health and well-being for all.

Researchers now have a good understanding of the underlying factors driving health outcomes, as well as how racism affects health. Research also has identified programs and policies outside the healthcare system that can improve the health of communities. The [What Works for Health](#) database has rated more than 400 programs and policies on the strength of their evidence, making it a useful tool for policymakers and community leaders to find effective solutions. We also can look to other states that have earned high grades in overall health and health disparities to understand how Wisconsin can do better.

Patrick Remington is Professor Emeritus of Public Health and Director of the Preventive Medicine Residency Program at the UW–Madison School of Medicine and Public Health. His research focuses on ways to improve population health outcomes through better collection and analysis of public health data. In the early 2000s, he was instrumental in creating the Wisconsin County Health Rankings—which can be used to compare the health of Wisconsin’s 72 counties—and scaling up the Rankings model nationwide. Before joining UW–Madison, he was chief medical officer for chronic disease and injury prevention at the Wisconsin Department of Health (then called the Department of Health and Social Services) from 1988 to 1997. He worked as a medical epidemiologist for the Centers for Disease Control and Prevention (CDC) between 1982 and 1988. He has served on numerous committees for the CDC and Institute of Medicine. He earned his medical degree from the UW–Madison School of Medicine and a master’s in public health degree from the University of Minnesota.

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