UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE MODEL OF HEALTH

What Shapes Health and Equity

Many factors contribute to health and the conditions that shape how long and how well people live. Safe housing, jobs that pay a living wage and well-resourced schools are among the factors, often called the social determinants of health, that make up a healthy community. How these conditions are created, distributed and maintained determines the opportunity for everyone to thrive. Written and unwritten societal rules – and how they are applied – shape conditions for healthy communities. Rules may be written in the form of policies and laws, or unwritten, in the form of worldviews and norms. Together, power and rules are the structural determinants of health.

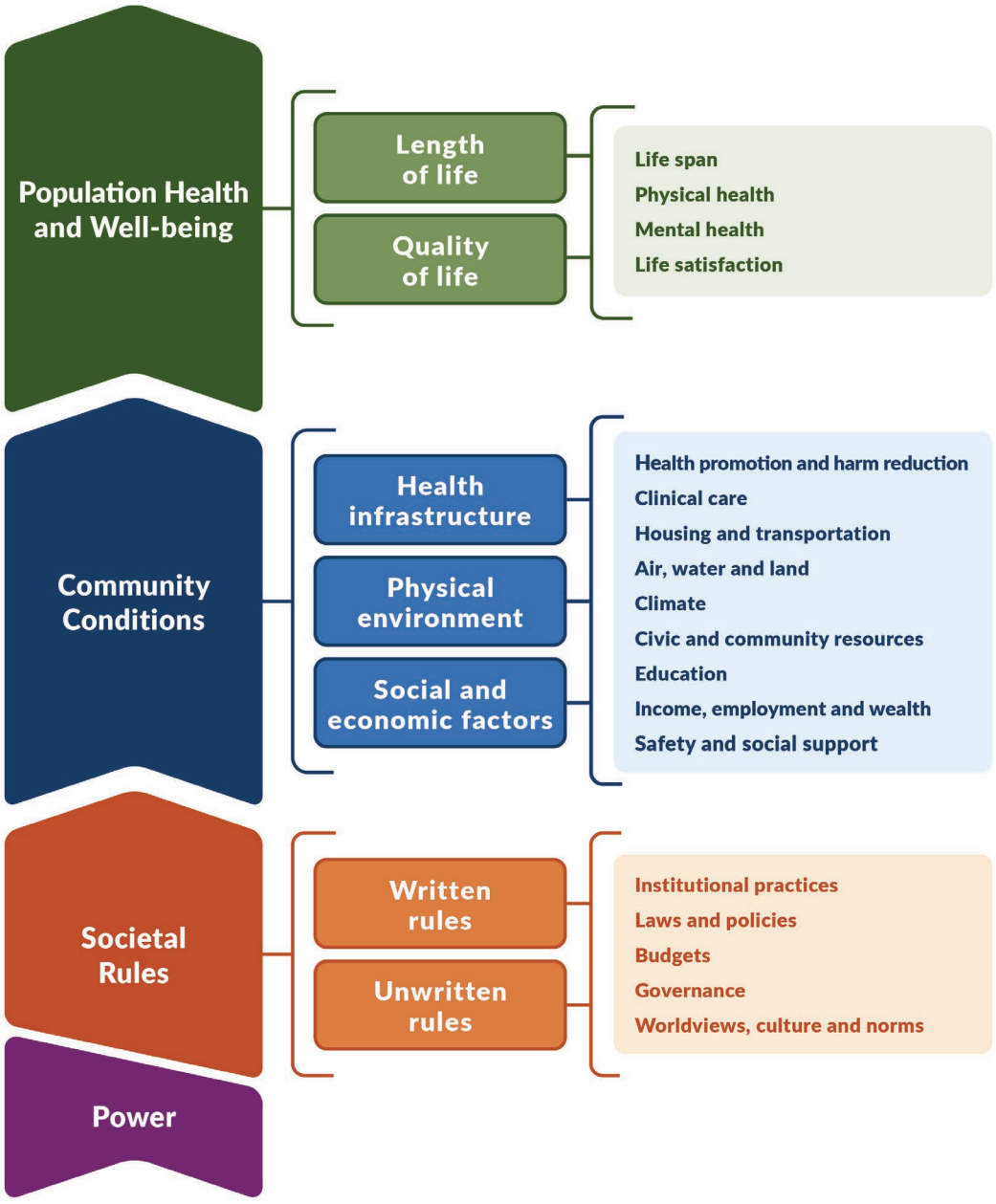
People with power create, reinforce and modify these rules for their benefit. People and groups who hold power influence society's rules and determine whether they are applied equitably. When power is concentrated in the hands of a few, it advantages their shared interests and often disadvantages interests aligned with good health for all individuals, groups, communities and even entire regions of the country. How well we include everyone in setting agendas, making decisions and sharing resources determines how well society's rules shape daily living conditions will promote and preserve health for all. Everyone should have a say in creating society's rules and in determining how they are applied.

We can structure our communities so that everyone realizes health and well-being. We can work across our differences and build solidarity by understanding the root causes of our problems and addressing them together. People created the rules and thus the conditions we live in today. We can change the rules to allow every community the opportunity to thrive today and in our future.

The University of Wisconsin Population Health Institute Model of Health shows how the community conditions - where we live, learn, work and play - affect our collective health and well-being. These conditions result from the ways in which societal rules, both written and unwritten, are used to determine which communities have access to the resources needed to thrive. People who hold more power shape the rules and how they are applied based on their values and beliefs.

University of Wisconsin Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Support provided by
Robert Wood Johnson Foundation



University of Wisconsin Population Health Institute Model of Health © 2025

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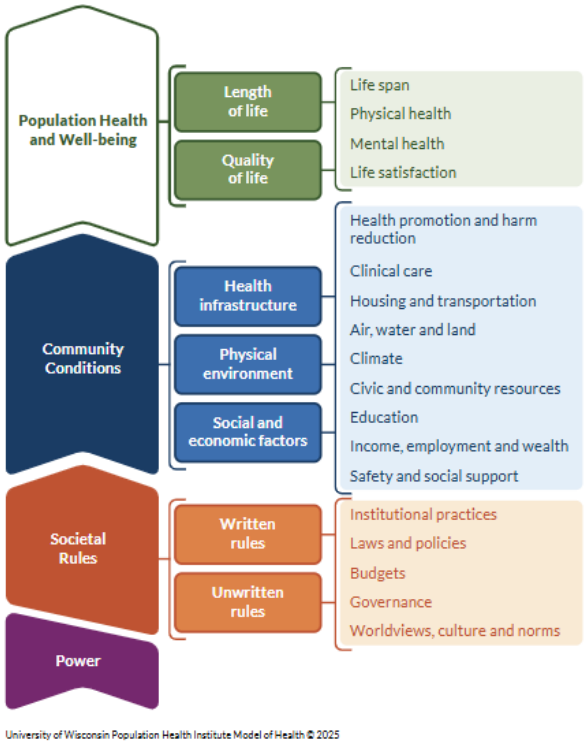
Population Health and Well-Being



About

Population health and well-being is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual and social well-being.

Relationship to health and equity

Measures of length and quality of life tell us who is living long and well within and across communities and can illuminate patterns of poor health, often tied to harmful conditions and inequitable policies and practices. As one example, life expectancy — a key measure of population health — had increased over time in the U.S. but is now declining.

The opportunity for good health is not available to everyone. There are clear patterns of advantage and disadvantage in conditions that support health and well-being. The impact of unjust conditions is often visible in unfair health outcomes for racialized populations (populations perceived as being socially different from the racial or ethnic majority) and for marginalized communities where society has failed to invest in ways that value people.

Relationship to systems and structures

These patterns in population health and well-being are shaped by our collective actions through laws, policies and institutional practices that influence social, economic or environmental conditions. The conditions for health and opportunity are influenced by decisions and historical legacies at local, state and federal levels.

The health implications of laws and policies, institutional practices, and worldviews, culture and norms were explicit during the COVID-19 pandemic. This could be seen throughout society, and, specifically in who got paid time off work, who had flexibility in working from home, who was deemed an essential worker, and who had freedom to not live in congregate housing, like shelters and prisons. Sheltering some people from harm and exposing others to it resulted in decreased population health and well-being for all.

We can repair harm, break down barriers erected by those holding power and take collective action. We can also center the voices of people who have been disproportionately harmed by unfair obstacles and actions that advantage only some.

Additional Reading

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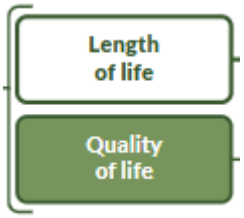
Length of life

Population Health and Well-being > Length of life



About

Length of life measures the time between birth and death and how often people die early. Everyone should have the resources and opportunities to live long and well, regardless of where they live.

Relationship to health and equity

We can influence how long people live by improving the community conditions that impact health. Examples of these conditions include access to nutritious foods, quality medical care, good jobs and a clean environment. When decision makers value people differently according to their race, income or where they live, they produce community conditions that limit length of life and create inequities. These injustices and the subsequent stress collect in our bodies and can shorten our lives. Population health data help us identify and measure the impacts of these injustices. For example, 2021 life expectancy rates in the U.S. show that white people have an average life expectancy of 76 years compared to 71 years for Black people and 65 years for American Indian/Alaska Natives.

Relationship to systems and structures

When we break down length of life data by different populations, we see how decisions made by people in power can result shorter life expectancy. We, alongside those most harmed, can change the structure of society in ways that improve community conditions and lengthen life for everyone. One example of this is the Voting Rights Act of 1965. After Congress passed the act, Black voters held elected officials and agency leadership accountable to the enforcement of the Civil Rights Act, which included desegregation of hospitals. Subsequently, from 1965 through 1971, Black infant mortality rates dropped significantly and the gap between Black and white infant mortality narrowed.

Additional Reading

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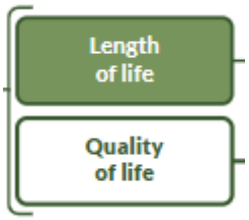
Quality of life



Population Health and Well-being > Quality of life

About

Quality of life underscores the importance of physical, mental, social and emotional health throughout the life course. Quality of life reflects internal conditions, such as perceived health, life satisfaction and self-esteem. Quality of life also includes external aspects that enable people to live well, such as environmental and housing quality and community safety. Quality of life data tell us how people assess their overall well-being. Self-assessed health correlates with actual health outcomes. Health-related quality of life focuses on how a person's health impacts their ability to live a full life.

Relationship to health and equity

Everyone, regardless of their identities, deserves a good quality of life. It is important to understand the perceived physical, mental, social, economic and spiritual health of different communities so we can identify patterns over time and inequities between groups. We can also identify laws and policies, institutional practices, and worldviews, culture and norms that impact quality of life and contribute to equitable outcomes. Relationships, education, work environment, wealth, a sense of safety, autonomy in decision-making, and social belonging all feed into quality of life. Generational trauma may also impact quality of life. Government institutions and communities all have a role to play in improving everyone's quality of life.

Relationship to systems and structures

Many things that impact a person's quality of life are rooted in both societal and individual histories, culture and worldviews. External conditions, including how laws and policies are enforced, contribute to quality of life. For example, the origin of current policing practices in slave patrols and Jim Crow laws means that communities of color and Indigenous communities may experience disproportionate fear of the police.

Economic security contributes to quality of life, but work safety is another. For example, a migrant farm worker might earn more money than they could in their native country, but their quality of life may be low if they cannot make decisions to protect themselves from pesticides or heat. Their ability to protect themselves has been limited by lax enforcement of rules around breaks and use of protective equipment combined with worldviews that value corporate farm ownership and profit over safety. Leadership and collective action by migrant farmworkers throughout the 20th century have improved conditions, most recently with new national heat standards for outdoor workers and new protections against wage theft and labor trafficking for the temporary guest workers program.

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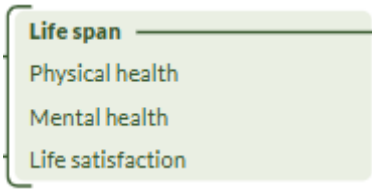
Life span

Population Health and Well-being > Length of life > Life span



About

Life span is the period between birth and death.

Relationship to health and equity

Lifespan measures how long people live. We investigate length of life among population groups to understand differences in health outcomes and to reveal early, avoidable deaths. Community conditions influence how long people live. For example, people live longer when they have access to good jobs, nutritious foods, support from friends and family, quality medical care and a clean environment. In the late 19th century, public health interventions in sanitation and water dramatically increased lifespans. Other public health efforts like vaccinations, seat belts and tobacco control have continued to increase lifespan.

Lifespan in the U.S. varies by race and ethnicity, place and income. For example, historical and current policies disproportionately resulted in marginalized and racialized people being exposed to air pollution, having unstable housing and living in neighborhoods perceived as unsafe, which reduce lifespan.

Relationship to systems and structures

How we create and maintain structures and systems impacts lifespan. Institutional practices such as companies paying women, and especially women of color, less than their male counterparts and health insurance companies denying valid medical claims to increase profits can inequitably shorten lifespan. Effective and fully implemented laws that regulate food quality, pharmaceutical approval, workplace safety and environmental monitoring all protect the health of humans, the land and animals - and increase lifespan.

People and organizations who wield power through policies and practices often uphold systems that impact lifespan. For example, the Social Security Administration hasn't updated its limits on how much savings a disabled person can have and still qualify for Supplemental Security Income (SSI) cash assistance benefits for over 40 years. A savings limit that does not reflect current economic realities contributes to high poverty rates among people who are disabled and harms those who are most marginalized.

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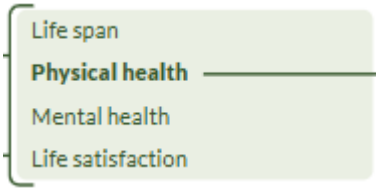
Physical health

Population Health and Well-being > Quality of life > Physical health



About

Physical health refers to the health of our bodies in movement and function. It affects our ability to participate in our communities. Physical health influences and is influenced by our mental health.

Relationship to health and equity

Physical health impacts our daily needs. Individuals are in a state of good physical health when they can function freely, without pain and disease, are able to exercise, eat nutritious foods and get adequate sleep. Some people do not enjoy these abilities. Individuals with more medical care needs often experience discrimination in insurance coverage, unnecessary barriers to care and higher daily living costs. Individuals with disabilities have more difficulty finding work, especially higher income employment that could otherwise help pay for medical care and maintain independence.

Nearly everyone will become disabled, either temporarily or permanently, at some point in their lives. Yet, many still stigmatize people with perceived differences in physical health. Groups of people, including people of color and people perceived to be to unhealthy due to their weight, may experience stigma that impacts their mental and physical health.

Relationship to systems and structures

How we develop and implement laws, policies and regulations impacts opportunities and protections in society for our physical health. For example, laws and policies that mandate childhood vaccinations prevent disease in individuals and the entire population. The Americans with Disabilities Act (ADA) passed in 1990 prohibited discrimination against people with disabilities in employment, transportation, public accommodations, communications and access to government programs. However, disability-related discrimination continues, with thousands of ADA related lawsuits filed annually, including inaccessibility at voting stations. The U.S. Department of Labor reports nearly half of workplace accommodations require no additional cost, yet resistance to workplace accommodations persists.

Community conditions also impact our physical health. Residential segregation and disinvestment in communities of color have exacerbated health inequities for people of color with low incomes. Intentional government and business decisions leave many communities with deteriorating housing stock, limited transportation opportunities, unequal distribution of green space and recreational facilities, environmental pollution and hazardous waste disposal sites.

Individuals have more lifestyle options available when communities come together to address physical health risks. The ADA is one example where disability rights activists came together to fight for independent living. In 1990 more than 1,000 protestors came to Washington, D.C., and more than 60

activists abandoned their mobility devices and crawled the capitol steps. This was named the Capital Crawl.

Mental health

Population Health and Well-being > Quality of life > Mental health

About

Mental health encompasses emotional, psychological and social well-being and includes the misuse of substances such as alcohol and drugs. It affects our ability to learn, work, respond to stress, navigate, interact with and participate in our communities. Mental health influences and is influenced by our physical health.

Relationship to health and equity

About one in five people in the U.S. experience mental health conditions each year. Mental health conditions include depression, anxiety, personality and psychotic disorders and substance use disorders. Suicide rates have increased by 37% since 2000 and adolescent mental health issues are at an all-time high.

Groups of people who have been historically marginalized by society are more likely to experience certain mental health conditions. For example, American Indians, Alaska Natives and veterans are more likely to experience post-traumatic stress disorder and LGBTQ+ individuals and gender and sexual minorities are more likely to experience depression, anxiety and substance misuse, in part due to the widespread experience of stigma and discrimination.

Less than half of Americans with mental health conditions receive treatment, and those numbers are even lower for marginalized groups. For example, 25% of individuals who are Black seek treatment, versus 40% of those who are white. Less than one in four people needing substance use treatment get the help they need due to lack of treatment facilities, cost, distance and stigma.

Relationship to systems and structures

Mental health conditions, including substance misuse, have long been stigmatized by society, viewed as moral or spiritual failings and seen as a source of shame for both the individuals who suffer from these conditions and their families. People with mental health conditions were intentionally excluded from society or isolated in homes or asylums. Those living in institutions were often subject to ineffective, cruel and exploitative treatments.

While attitudes have shifted and mental health care has become more widely available, stigma remains, along with mistrust of the system to provide care without exploitation or harm. Inadequate insurance for mental health care and a lack of providers reduce access to mental health care for populations that have been under resourced and disenfranchised, including racially and ethnically minoritized groups, individuals with low incomes, sexual and gender minorities, and other disadvantaged populations. The criminalization of drugs starting in the 1980s and the closing of psychiatric hospitals in the 1950s without adequate community-based facilities for people with mental illness resulted in jails being the largest mental health facilities in the country. However, jails are neither designed nor staffed to provide these services.

However, when we organize together we can change systems. The National Alliance on Mental Illness (NAMI) started with two mothers who were frustrated by the lack of services for people with mental illness and is now the largest grassroots mental health organization. NAMI has contributed to expanding access to mental health services through the Affordable Care Act and creation of the 988 Suicide and Crisis Line.

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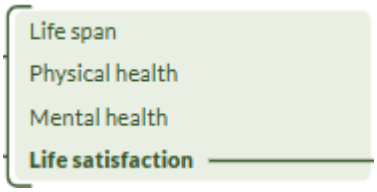
Life satisfaction



Population Health and Well-being > Quality of life > Life satisfaction

About

Life satisfaction is a person's overall assessment of their quality of life at a point in time, including their feelings and attitudes towards their health. It is an indicator of well-being and is related to a person's happiness and how well their current situation meets their needs.

Relationship to health and equity

Many factors influence a person's life satisfaction, including mental and physical health, ability to perform daily tasks, activity level and community conditions. Health, particularly mental health, affects life satisfaction and life satisfaction also affects health. Life expectancy is almost nine years longer for people with high levels of life satisfaction compared to those with low levels.

The conditions of our physical environment, like stable housing and commute length, all impact life satisfaction. Social and economic factors such as employment, income, relationships and other factors also affect life satisfaction. Yet not all communities have the same access and experiences that support improved life satisfaction.

Relationship to systems and structures

How we create and maintain laws, policies, institutional practices, governance, budgets, worldviews, culture and norms all impact life satisfaction. In many cases, policies or practices impact our experience of how well our current situation meets our needs, and how satisfied we are. For example, constant changes in immigration policies and practices have a direct effect on life satisfaction for people trying to migrate to the U.S. and for people who already live in the U.S. Indirectly, immigration policies impact everyone's experience of well-being through culture, food, worker availability, wage effects and tax revenue.

Our culture around work also impacts life satisfaction. Norms around work-life balance, autonomy over one's own work, a belief that one's job contributes to meaning in the world, and a culture of respect, inclusivity, and psychological safety, impact daily life satisfaction.

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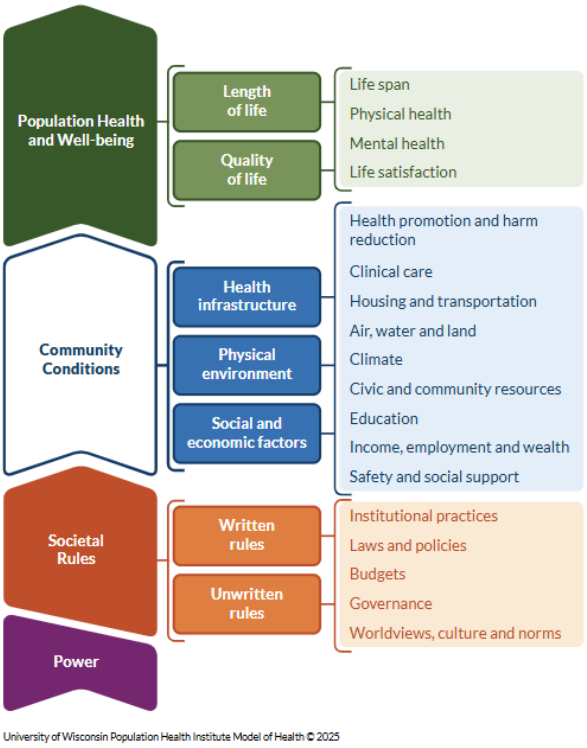
Community Conditions



University of Wisconsin Population Health Institute Model of Health © 2025

About

Community conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship and age. Community conditions are also referred to as the social determinants of health.

Relationship to health and equity

Community conditions shape the health and well-being of people and places. Access to health care is just one part of the story. Safe housing, jobs that pay a living wage, well-resourced schools and clean air and water are among the conditions that contribute. Health is also shaped by conditions that promote or prohibit our ability to feel safe, connected, happy and valued. Measuring community conditions over time can help us understand the opportunities everyone has to be healthy.

Not everyone has the opportunity for good health. There are clear patterns of advantage and disadvantage in the conditions of daily living and health outcomes. These unfair and unjust patterns impact all of us and have harmed racialized populations (populations perceived as being socially different from the racial or ethnic majority) and marginalized communities where our society has failed to invest in ways that value people.

Relationship to systems and structures

Community conditions are shaped by the actions of people, from the past to present, that create and maintain a set of written and unwritten rules. These rules reflect a system of values and beliefs played out in norms, laws, policies and institutional practices that structure our daily living conditions.

For example, decisions local officials make about affordable housing and where to locate it follow a history of federal redlining from the 1930s that systemically denied people credit based on the community make-up. Redlining systematically reinforced racially segregated communities, which meant that people and the places where they lived were excluded based on structural racism. History shows us that the impacts of unfair decisions can create persistent and compounding inequities by place and race.

This continues today, where locating affordable housing in places where decision-makers have under-invested perpetuates inequities.

People make the decisions that create community conditions, and people can —and do — change them. We can build a society where every person is able to participate in shaping the conditions that affect our lives.

Additional Reading

- Heller, J. C., Givens, M. L., Johnson, S. P., & Kindig, D. A. (2024). Keeping it political and powerful: Defining the structural determinants of health. Milbank Quarterly, 102(2), 351-366. https://doi.org/10.1111/1468-0009.12695
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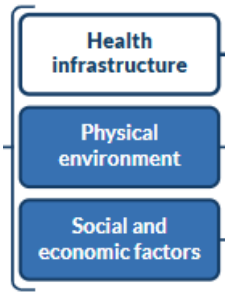
Health infrastructure

Community Conditions > Health infrastructure



About

Health infrastructure includes all systems, organizations, interventions and resources intended for health promotion and illness prevention. Health care systems promote health and well-being for community members through care services such as primary care, hospital care and long-term or home care. Public health systems monitor, detect and intervene when disease or risks impact community health to limit harm and promote healthy lifestyles, environments and policies. Health infrastructure supports all health services — from vaccinations and chronic disease prevention programs to emergency preparedness efforts.

Relationship to health and equity

Effective health infrastructure improves community conditions, in turn preventing disease and injuries and promoting health and equity. For example, public health professionals conduct activities ranging from monitoring food safety and water quality, to advocating for laws in support of nutrition labeling and affordable housing. Public health professionals may partner with land use planners to promote community developments that make exercise easier or ensure that communities don't experience disproportionate harm from polluting industries. When people are sick or injured, health professionals provide clinical care that treats disease and injury.

Relationship to systems and structures

People in power have changed laws, policies and institutional practices around health infrastructure. This has both limited and expanded access to health care and the ability of public health to advocate on behalf of those who have been disproportionately harmed. For example, political attacks on the emergency and regulatory authority of public health and underfunding of public health infrastructure have limited the influence of public health on everyone's ability to live long and well. On the other hand, the Affordable Care Act expanded access to health care.

Laws, policies, budgets and institutional practices have improved health care systems to shift resources to those who need them most. For example, the Economic Opportunity Act of 1964 created Neighborhood Health Centers, the precursors to Federally Qualified Health Centers (FQHCs), to provide high-quality health services to low-income residents. Results include improved health outcomes, reduced health disparities, cost savings and improved patient satisfaction. Activists, including the Black Panther party, were instrumental in pushing for free health clinics that eventually became FQHCs.

Health infrastructure is currently a focus of contested power regarding public health interventions including vaccines, water fluoridation and public health authority to protect population health for all. Governmental public health and regulation have an important role to play in protecting our health. We are all harmed when protection disappears or decreases, especially those who have been unprotected in the past.

Additional reading

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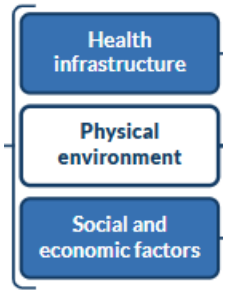
Physical environment

Community Conditions > Physical environment



About

The physical environment is where people live, learn, work and play. People interact with their physical environment through the air they breathe, the water they drink, the land they live on and the climate around them.

Relationship to health and equity

Health and well-being are connected to the health of the planet and the way we choose to construct or destruct the world around us. The decisions we make about our natural and built environment impact the health of communities, with people wielding power to better resource some communities and opportunities for health. Clean air, safe water and soil and climate adaptation and resilience are necessary for good health. Placement of highways and industry and decisions to fund public transportation and affordable housing impact community health. Air pollution, which is more common in communities of color and lower income communities, is associated with asthma and lung diseases. Contaminated water can lead to illness, developmental delay and cancer. Extreme weather events resulting from changes in the climate have led to premature death and economic devastation from heat, fires, floods and tornadoes, all falling hardest on marginalized, disinvested communities.

Relationship to systems and structures

Stark differences exist in opportunities to live in healthy physical environments between and within counties. This is especially true for marginalized and racialized communities, those perceived as being socially different from the racial or ethnic majority. These differences exist because of a legacy of discrimination, disinvestment and exploitation in the U.S. that have been enshrined in systems, policies and practices, such as corporate industrial abuses, legacies of broken land treaties and genocide. For example, in 1983 a study found that more than three-quarters of city- and privately-owned garbage dumps and incinerators in Houston, TX were in Black neighborhoods, although Black residents represented only 25% of the population. This study, along with several other actions related to landfills and garbage removal, was a seminal event in the environmental justice movement. In addition, policies have resulted in disproportionate numbers of people of color and those with lower incomes living in substandard housing that is vulnerable to power outages, which means they are more exposed to harm from extreme heat and repercussions from extreme storms. We can use our collective power to remedy the damage caused by unchecked capitalism, which transforms our basic needs like food, shelter, clean air and water into commodities to sell or take.

Additional reading

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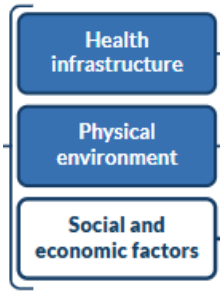
Social and economic factors

Community Conditions > Social and economic factors



About

Social and economic factors influence the choices and opportunities available in a community. Economic factors include which jobs and benefits are available and to whom, and whether education, health insurance and child care are accessible and affordable. Social factors enable connection and inclusion within and between communities and include social safety net and other support.

Relationship to health and equity

Social and economic conditions are a primary determinant of health and well-being. For example, a living wage shapes opportunities for education, child care, wealth creation, food and medical care. All these factors are linked to length and quality of life. Strategies to improve these factors can have a greater impact on health than strategies that target individual behaviors.

Relationship to systems and structures

Elected officials and leaders of community and economic development agencies, health departments and other governmental services can create opportunities for all communities to thrive. However, some decisions have created advantages for a few and disadvantages for many. For example, the criminal legal system has created social and economic barriers for formerly incarcerated people. Decisions by elected officials to create additional written and unwritten rules about where and when formerly incarcerated people can work, such as denying housing and jobs to people with a criminal background, create a cycle of poverty and recidivism. These rules disproportionately target communities of color and native communities, people with lower incomes, those with mental health and substance use issues and trans people.

People can work together to advocate and create opportunities for positive social and economic conditions. In the 1910's, people organized and advocated for laws to establish maximum working hours, implement workers' compensation for workplace injuries and regulate child labor, all of which significantly improved lives and opportunities. These changes resulted from people organizing for change and elected officials responding to the agitation to pass laws.

Current social and economic conditions result from many years of those wielding power to establish and reestablish political control, economic exploitation and cultural imposition. In the case of the criminal legal system, there is a long history of control via law enforcement, starting with the origins of policing in the slave patrols of early 1700's. The impacts of actions to shape social and economic conditions are profound and lasting, contributing to unnecessary and harmful inequities.

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Health promotion and harm reduction

Community Conditions > Health infrastructure > Health promotion and harm reduction

About

Health promotion and harm reduction are prevention and intervention services and activities. They foster health-promoting behaviors and reduce the negative impact of behaviors, such as alcohol and drug use, physical inactivity and risky sexual activity. They include regulating systems, advocating for policies, conducting health education, monitoring wellness and disease, and connecting individuals and communities to services for prevention, treatment and recovery.

Relationship to health and equity

Health promotion and harm reduction considers a complex set of individual, community and societal factors that hinder or support health-promoting behaviors.

Groups who have been historically marginalized by society often experience more barriers to engaging in health-promoting behaviors. For example, residents in communities with few to no grocery stores (food deserts) are more likely to face higher food costs, travel further to purchase healthy food and have more access to unhealthy foods compared to those who live in well-resourced communities. People in these communities tend to have lower incomes and more often are people of color. Relatedly, rates of Type 2 diabetes are higher in American Indian, Black, Hispanic and Asian populations. These disparities suggest a complex interplay of environmental and socioeconomic factors as well as health care providers' potential unconscious bias and prejudices.

Relationship to systems and structures

The choices available to individuals are determined by people who lead larger structures in society, including public and private institutions, governments, employers and corporations. Public health agencies and advocates have an important role to play in monitoring, passing policy, educating and countering these structural forces to enable opportunities to make healthful choices.

For example, food deserts are not a natural result of communities that are too poor or sparsely populated to support a profitable grocery store. In the 1980's, the Reagan administration abandoned a law that for 50 years had leveled the playing field between large grocery store chains and independent grocers. The law made it illegal for suppliers to charge large grocery store chains less for products which enabled independent grocery stores to compete on prices. Prior to 1982, almost every small town had at least one grocery store and low-income communities of color, like their higher income neighbors, had multiple large and independent retail grocery stores. When we see a broader view of the systemic nature of the problem, it means we can better see what solutions are needed. In this example, health promotion would include advocating for enforcement of the original law.

We can change systems. Smoking rates in the U.S. declined after state legislatures passed laws and policies that increased tobacco taxes, mass media campaigns challenged culture and norms around tobacco use, and cessation treatment programs became more widely available.

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Clinical care

Community Conditions > Health infrastructure > Clinical care

About

Clinical care is anything relating to the direct medical treatment or testing of patients. Clinical care is provided by trained or licensed health professionals in hospital or clinic settings, including primary, specialty and dental care. Clinical care includes health insurance.

Relationship to health and equity

High quality clinical care is accessible, timely, safe, effective and affordable, providing the right care for the right person at the right time. Clinical care should also respect and value patients' unique cultural beliefs, practices and values. Access to it can protect and improve physical, social and mental health. Health insurance helps individuals and families access care but does not guarantee it; providers need to be both available, in relatively close proximity to patients and offer affordable care.

Health is created when everyone is healthy together. Access to clinical care and its quality varies widely by state, race, ethnicity, rurality, sexual minority status and income. Individuals who are Black, Hispanic, Native American and those with low incomes are less likely to have insurance coverage and more likely to encounter barriers to care. These communities often get lower quality care than people who are white and those with high incomes. For example, women of color are more likely to have higher rates of pregnancy-related deaths than white women. In 2023, over 25 million people were uninsured, resulting in less care, more preventable hospitalizations and higher mortality rates than those with insurance. Language barriers, high co-pays and deductible limits, and disparities in treatment and access present further barriers to care.

Relationship to systems and structures

Even with the highest per capita health care spending in the world, the U.S. has shorter lifespans and higher infant mortality rates than other wealthy nations. Access to clinical care is often reliant on health insurance, typically received via employment or marriage. However, many jobs lack such benefits, and many LGBTQ+ people were denied family coverage before marriage equality. Unfair practices by insurance companies can leave people with insurmountable debt and difficult choices on whether to seek treatment. Before the Affordable Care Act, insurance companies could charge more or exclude people with pre-existing conditions such as asthma, diabetes or cancer. These inequities, perpetrated by health insurance and hospital corporations, alongside decreased access to medical, dental, and mental health care in rural communities and a physician shortage crisis, result in some areas and people having adequate access to quality clinical care while others do not.

Improving the quality of health care, reducing barriers, and ensuring insurance coverage for all can help everyone get the care we need when we need it, leading to longer, healthier lives and communities.

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Housing and transportation

Community Conditions > Physical environment > Housing and transportation

About

Housing is a basic human need. Housing includes houses, apartments, and congregate housing like nursing homes or halfway houses. Transportation connects us to the places where we live, work, learn and play. Transportation systems can include buses, subways, trains as well as sidewalks, streets, bike paths, highways and air travel.

Relationship to health and equity

Safe, high-quality housing is the foundation for our individual and collective physical and mental health. The condition of housing affects our health, as does its stability and affordability. When housing is free from toxins such as mold and lead paint, we have better health. When it is affordable, we have more resources to pay for medical care, healthy food and utility bills. A lack of affordable housing is a leading cause of homelessness, and people of color and veterans experience homelessness disproportionately.

The types of transportation options that we have impact our health. Public transportation and active travel (e.g., walking, biking) can increase physical activity, reduce traffic-related injuries and deaths, and improve the quality of our environment, all of which can improve health. Many of us depend on driving because of planning decisions that prioritize car travel over active travel like widening roads instead of expanding public transit. Auto transport, while sometimes more convenient, leads to traffic injury and death, air pollution and physical inactivity.

Housing and transportation impact our ability to get a job, education, medical care, food and more. Policies and practices that have led to residential segregation and disinvestment in public transportation, pedestrian safety infrastructure, grocery stores, and safe spaces to exercise widens health disparities. Everyone deserves access to stable, high quality, affordable housing and reliable, safe transportation. Investments in housing and transportation benefit everyone.

Relationship to systems and structures

Decisions made by elected officials and business leaders have created an environment where the ability to have safe, affordable housing and live in neighborhoods with quality housing and transportation infrastructure is not distributed equitably. Discriminatory policies and practices disadvantage people of color and people with lower incomes. For example, people with a criminal conviction on their record are systematically denied rental housing even though they have served their sentence; Black people are impacted at greater rates because of structural racism in the criminal legal system. Homeownership is one of the most important components for building intergenerational wealth, yet due to redlining, unequal access to credit, and predatory lending, significant racial disparities persist in homeownership rates. Private equity firms that purchase housing and real estate developers' practices have led to housing being thought of as profit rather than a right.

However, we have the ability and resources to reimagine housing and transportation policies that honor everyone in our country. The Low-Income Tax Credit is an example, which incentivizes private developers to build affordable housing. We can build connected communities with affordable and high-quality transportation by following the lead of community organizers who are often organizing around these issues to build their power to make change.

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Air, water and land

Community Conditions > Physical environment > Air, water and land

About

Air, water and land are the fundamental natural resources that provide what we need to survive and thrive. Many Indigenous peoples understand that air, water and land are sacred, living entities in a reciprocal relationship with us.

Relationship to health and equity

Clean air, water and land are necessary for healthy living and safe food production. Air pollution is associated with increased heart and lung disease. Contaminated water can lead to illness, infection and increased risks of cancer. Polluted or depleted land cannot produce safe, high-quality food. Living, working or playing on or near polluted land can also lead to illness, developmental delays in children, and cancer.

Humans interact with air, water and land in ways that may nurture or harm our environment and fellow beings living alongside us. Nurturing activities include using our resources sustainably, building parks, designating nature preserves and planting trees. Harmful activities pollute our natural resources, for example resource extraction, waste processing and disposal and driving gas powered cars.

Everyone, regardless of their income, race, color, national origin, Tribal affiliation or disability should have access to clean and safe air, water and land. All beings deserve to be protected from disproportionate exposure to environmental hazards and negative health impacts and all people should have a say in decisions that impact their health.

Relationship to systems and structures

How we design and enforce laws, policies and regulations can protect or harm air, water and land. Laws like the Clean Air Act and the National Environmental Policy act protect air, water and land. Current worldviews that devalue science undermine agencies' ability to uphold these laws.

Decision making at local, state and national levels that prioritizes some groups over others has exposed people of color and low-income communities to air, water and land pollution. The environmental justice movement began when low-income communities of color organized to resist hazardous sites being located in their communities. Environmental justice advocates led studies that uncovered environmental racism; the 1987 Toxic Wastes and Race in the United States report found that race was the most important factor that determined where toxic waste facilities were located and that local, state and federal policies intentionally led to this. We must continue the work of this movement and ensure that clean air, water and land are accessible to all people.

Together, we can prioritize our collective well-being by remediating and preventing air, water and soil pollution, divesting from fossil fuels and oil-based plastics, and transitioning to renewable energy.

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Climate

Community Conditions > Physical environment > Climate

About

Climate is the long-term pattern of temperature and precipitation for local, regional or global areas. Climate can be described by averages and extremes of temperature and precipitation.

Relationship to health and equity

The climate has changed many times throughout Earth's history, but recently Earth's average surface temperature has increased due to human activities that release heat-trapping gases into the atmosphere. This human-induced increase in global average temperature has varying impacts on local or regional areas and involves melting polar ice, changing weather patterns, increasing storm severity, rising sea levels and decreasing biodiversity. Climate change directly impacts the health of communities through extreme heat, and stronger, longer and more frequent storms and droughts. Any action we take to lessen and adapt to climate change will improve health and save lives.

We all deserve to live in resilient communities that support all residents in withstanding rising temperatures, stronger storms and increased flooding, and disasters like tornadoes, hurricanes and wildfires. Yet, marginalized populations such as women, children, older adults, people with low incomes and people with pre-existing health conditions experience disproportionate negative effects of climate change. Building parks and planting trees can reduce the urban heat island effect and improve air quality while sequestering carbon dioxide. Creating local, sustainable agriculture and food systems can improve nutrition and food security while using less energy. Local renewable energy projects can create jobs, increase resilience, and lower emissions of greenhouse gases.

Relationship to systems and structures

Climate change has impacts on and is impacted by, all levels of society, including laws and policies of countries, states, and local governments, business and corporate institutional practices, and individual actions.

The prevailing worldviews and narratives we hold in society have an enormous impact on the climate. Fossil fuel companies have suppressed or funded research to downplay the certainty of climate change. One company even created and marketed the personal Carbon Footprint calculator to falsely promote a view that climate change is due to individual actions and can be solved by individual actions.

However, climate change requires us to build power together to demand change. We have done it before; the Environmental Protection Agency was created in 1970 in response to public outcry and demonstrations that were sparked by environmental disasters in the 1960s. Congress passed or updated landmark environmental protection laws after the agency was created.

We have an opportunity to re-build more equitable and resilient communities. We do not need to depend on fossil fuels for energy, and we can implement location specific strategies to adapt to and mitigate climate change.

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Civic and community resources

Community Conditions > Physical environment > Civic and community resources

About

Civic and community resources include the physical and social infrastructure that help us stay connected and make community participation possible. Civic and community resources include spaces such as libraries or community centers, programs that promote volunteering and social connection and policies that make it easier to vote.

Relationship to health and equity

Evidence shows that participating in our communities strengthens our social connections and sense of belonging, which, in turn, benefits our physical and mental health. Community members can participate in political (e.g., voting, policy advocacy) and non-political (e.g., volunteering) activities regarding public concerns and work together toward solutions and positive changes. Physical community resources such as community centers, libraries and parks provide spaces for residents to connect, gather, access services and engage in community activities. Less visible but equally important community resources are policies and practices that enable participation, such as time off for voting and early voter registration of teens in advance of eligibility.

When we don't provide community resources that make it easier to vote, volunteer and come together to participate in making our communities better, we lose out on valuable voices and experience that could contribute to healthy, more equitable conditions.

Relationship to systems and structures

Historical and present structural barriers prevent people of color and people with low incomes from participating in civic life and making their voices heard. Examples of these types of structural barriers include voter suppression practices and gerrymandering.

Systematic disparities in voter registration contribute to underrepresentation of people of color and people with low incomes in voting. Asian, Black and Latino individuals are disproportionally underrepresented among individuals registered to vote. For example, in the 2020 presidential election, 61% of voting-eligible white young adults (ages 18-29) were estimated to vote, compared to 48% of Latino, 47% of Asian, and 43% of Black young adults. Young adults (ages 18-29) who had never attended college were underrepresented across all racial and ethnic groups in the 2022 midterm election.

Marginalized and low-wealth communities often lack adequate physical facilities. For example, public libraries in formerly redlined neighborhoods and rural communities have fewer resources than public libraries in more affluent areas. Marginalized and racialized communities, those perceived as being socially different from the racial or ethnic majority, are less likely to reside in or have access to walkable neighborhoods with green space.

Community members can take action by engaging in civic activities, organizing, centering their voices and experiences and exerting collective power to remove structural barriers and make their communities thrive.

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Education

Community Conditions > Social and economic factors > Education

About

Education is how we formally learn. Education begins in early childhood, continues through K-12, and may continue after high school through college or vocational training.

Relationship to health and equity

Attaining a quality education is consistently and robustly associated with improved health. Education can create opportunities for better health through higher incomes, better employment options, increased social benefits and healthier behaviors. Education systems can support children's development as members of a healthy community by teaching critical thinking, problem solving, collaboration and information literacy. Health can also shape educational outcomes, such as when children with poor health have decreased attendance or concentration in class.

Education systems also tend to reflect the broader context of health equity. Students' ability to access a quality education is not distributed equitably because of historical and current policies and institutional practices that disadvantage people of color, families with lower incomes, students with disabilities, and LGBTQ+ students. For example, historical policies that segregated schools by race led to poorly funded schools for Black students. Currently, school discipline systems tend to disproportionately identify and punish students who are Black, have disabilities, are transgender, and are from lower socio-economic backgrounds. This can result in expulsion or lost days of school for marginalized students.

Everyone deserves a safe and nurturing learning environment that accommodates their needs. Thriving education systems fulfill the needs of students and contribute to a flourishing society.

Relationship to systems and structures

Decision-makers who set budgets, policies, and institutional practices at the federal, state and local level shape students' lives. In the first half of the 20th century, revenue generated by local property taxes covered over 80% of school spending. This budget system created large gaps in educational resources and opportunities, with schools attended by students from wealthy neighborhoods having more resources than schools attended by students from low-income neighborhoods. While school finance reforms have overall increased state contributions and reduced reliance on local funding through property taxes, connections between neighborhood wealth and school resources remain.

Providing resources for education for all students improves society for us all. When one community or group suffers from a lack of resources and inadequate educational opportunities that affects everyone in society. Together we can work to design and support education systems that allow everyone to thrive.

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Income, employment and wealth

Community Conditions > Social and economic factors > Income, employment and wealth

About

Employment is the condition of having paid work, which provides income and often benefits such as health insurance and paid sick leave. Employment, and the income and benefits it provides, shape our choices about housing, child care, medical care and more. Wealth, or the accumulation of assets, makes it easier for people to manage job changes, emergencies, education costs and retirement. As employment, income and wealth increase or decrease for individuals, families and communities, so do opportunities for health.

Relationship to health and equity

Everyone deserves to earn enough to thrive, not just survive. Yet there are millions of employed workers who live near or below the federal poverty line, many people who cannot find jobs, and many people who are unable to work. People of color are more likely to provide essential services as home health care workers, agriculture works and laborers, yet these positions tend to be low-wage and provide poor working conditions. Lower-income workers are less likely to have health insurance and work in hazardous jobs than those with higher incomes. Under-resourced and disenfranchised communities, including racial and gender minorities and those with disabilities, are more likely to have high unemployment, have limited incomes and wealth, and are at greater risk for poor health outcomes like chronic illness, childhood sickness and poor birth outcomes. All of these outcomes are worse in lower-income families. Adults in the highest income brackets live significantly longer than those with the lowest incomes: the top 1% live up to 15 years longer than the bottom 1% and that gap is growing.

Relationship to systems and structures

Corporate and government institutional practices, as well as social prejudices and discrimination, have resulted in income and wealth inequality in the U.S., particularly along racial, gender and ability lines. These gaps continue to increase. Every community should have the opportunity to build long-term assets and economic security, which are essential for lifetime health. As a result of policies like redlining, today Black wealth is less than one-tenth that of white households, and Hispanic families fare only slightly better. Government and corporate discriminatory policies and practices create significant unfair obstacles to building wealth, from excluding Black WWII veterans from GI bill benefits to today's predatory lending and higher interest rates on bank loans in communities of color.

Communities can make changes and advocate for policies that help reduce and prevent poverty, now and for future generations.

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Safety and social support

Community Conditions > Social and economic factors > Safety and social support

About

Safety and social support are how we take care of each other. Community safety and support includes work that builds belonging and social connection, meeting the needs of individuals and families, and violence and injury prevention efforts. Some examples are mental health services, housing support, community centers and financial assistance programs. Meeting people's needs while holding individuals accountable for their actions can help keep us all safe.

Relationship to health and equity

Safety and social support shape our health in a variety of ways. People who are more connected with others are healthier than those who are isolated. Neighborhoods with more social support may be less likely to experience violence than neighborhoods with fewer community support programs and resources such as mentoring programs, libraries and crisis response teams. However, safety and social support are more available to some individuals than others. For example, Black and Native American people, those experiencing homelessness and mental illness, and transgender youth may not experience increased police presence as producing safety and, in fact, experience stress, injury and death at the hands of the criminal justice system at a much higher rate.

Relationship to systems and structures

Prevailing worldviews, values and beliefs about who deserves social support drive policy decisions. For many in the U.S., community safety is grounded in fear, isolation and retribution. These ideas appear in budgets, laws, policies and institutional practices. For example, law enforcement has a long history of both enforcing discriminatory policies, such as Jim Crow laws, as well as disproportionately targeting Black communities. Moving toward safety that is based on belonging, accountability and resources can change our actions so they reinforce relationships and mutual support. For example, procedural justice is a practice in the law enforcement community that elevates transparency of procedures. When stopping someone, police are required to identify themselves by name and badge number, state and explain the reason for the stop. Compared to a practice of asking people if they know why they were stopped, procedural justice creates trust and positive impacts, such as community members cooperating with police and people understanding why they were stopped.

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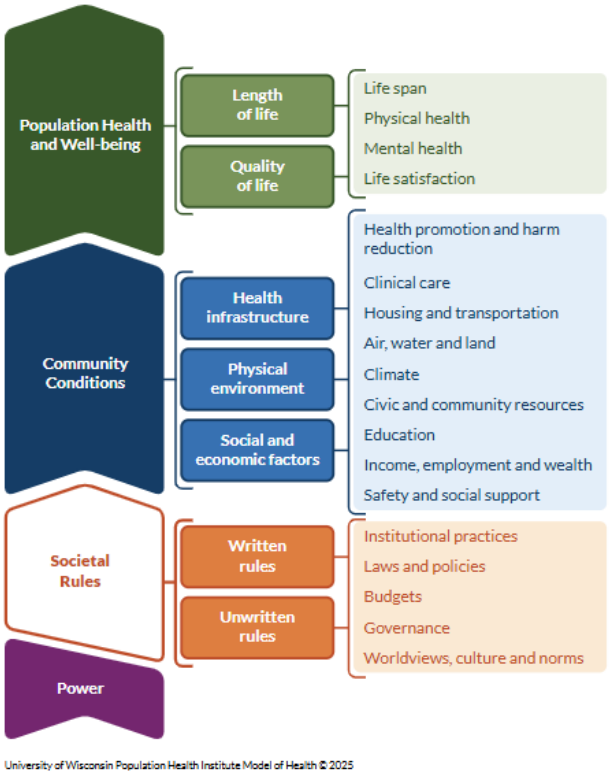
Societal Rules



About

Societal rules are the written and unwritten rules and how they are applied to shape community conditions. Written rules may be formalized and documented in laws, policies, regulations and budgets. Unwritten rules are made up of worldviews, culture and norms. These can include customs or expectations that guide acceptable thought and behavior without being documented in writing. Institutional practices and systems of governance – such as an organization's approach to salary parity – may be written or unwritten. Societal rules, and how they are created and maintained by those with power, are referred to as the structural determinants of health.

Relationship to health and equity

Societal rules shape the community conditions that impact how well and how long we live. Societal rules can directly address population health issues, such as through laws that require children to be vaccinated before attending public school. More often, societal rules shape the conditions that influence health and equity based on place, race and other societally constructed differences. For example, the Earned Income Tax Credit is a policy that offers a refundable income tax credit to low- and moderate-income individuals and families. There is strong evidence that the Earned Income Tax Credit increases employment and earnings for mothers and thereby improves maternal and child health.

Relationship to systems and structures

Past and present decisions form society's rules. People and groups make these decisions and determine whether they are applied in an equitable manner. Creating and maintaining societal rules requires power, or the ability to achieve a purpose and to effect change.

Societal rules are often created through power over others. Leaving power in the hands of a few can create a path of advantage for some and disadvantage for many. Take, for example, structural racism — the ways society enables discrimination among populations perceived as being socially different from the racial or ethnic majority. Structural racism is embedded in society's unwritten rules through a worldview that white people are superior. It is also reinforced through governance and institutional practices that

apply regulations in an unequal manner across communities. Structural racism is also present in society's written rules. Policies and laws, such as voter registration laws, can make it difficult for people who experience structural racism to have a say in the decisions that affect them. These rules, determined by people who wield power, create communities that have under-resourced schools, unsafe housing and limited access to health care, and deny people the conditions they need to be healthy

Creating a future where no one has an advantage at the expense of others begins with understanding how our society has been structured by those who wield power. Working together, racialized and marginalized groups and their allies can change the rules to better serve our collective health and well-being.

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Written rules

Societal rules > Written rules

About

Societal rules provide structure for the actions and interactions of individuals and groups of people. Written rules are formalized and documented in laws, policies, regulations and budgets. Unwritten rules include worldviews, culture and norms. Societal rules are applied to individual people, groups of people, government and corporations. People, institutions and governments in charge of decision-making use underlying worldviews and narratives to justify these rules. Written and unwritten rules are central to the production and maintenance of social orders and hierarchies.

Relationship to health and equity

How we create and maintain rules governs the choices that individuals make. For example, the Community Mental Health Act (CMHA) of 1963 was created to reduce the number of people living in institutions by creating local mental health care centers across the U.S. The Act resulted in a 90% decrease in the number of people in state mental hospitals between 1955 and the early 2000's due to the recognition of inhumane treatment people were receiving. However, the creation and expansion of community mental health care was not fully realized and people with serious mental illness and substance use disorders were denied adequate treatment. Many went unhoused. Meanwhile, others with less severe and chronic conditions had options available to them and they could choose to access those options. The CMHA, a written rule in the form of a law, had a disproportionate impact in communities of color due to the underfunding of services in those areas and overreliance on police intervention. Stigma about mental illness and substance use disorder, which is an unwritten rule in the form of a negative cultural norm, further limits access to services.

Relationship to systems and structures

The action or inaction of those wielding power set rules and hold them in place. Shifting power is required to change laws, policies, norms and how we govern. Shifting power can change who is making rules and influence what rules are created, implemented, maintained and followed.

For example, the process elected officials use to develop budgets has both written and unwritten aspects. There are written rules around lobbying for various budget items, such as laws requiring written disclosure of lobbying. There is also an unwritten culture of what is acceptable, including long-term relationships between elected officials and lobbyists that might enable influence.

Workplaces provide another example. There are often written policies around hiring and promotion. And aspects of workplace culture may be written through a strategic plan or an organization's mission, vision and values. But other rules are not written, such as standards for professionalism or pressures to work even when sick or injured.

When power to set the rules is not shared equitably, the people who determine the rules may assume they know best, creating a society that does not support equity in opportunities for health. In a society

that values respect and leadership by those most impacted by historical legacies and decisions, the sharing of power to make the rules can support health for everyone.

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Unwritten rules

Societal rules > Unwritten rules

About

Societal rules provide structure for the actions and interactions of individuals and groups of people. Written rules are formalized and documented in laws, policies, regulations and budgets. Unwritten rules include worldviews, culture and norms. Societal rules are applied to individual people, groups of people, government and corporations. People, institutions and governments in charge of decision-making use underlying worldviews and narratives to justify these rules. Written and unwritten rules are central to the production and maintenance of social orders and hierarchies.

Relationship to health and equity

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Relationship to systems and structures

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Additional Reading

- Erickson, B. (2021). Deinstitutionalization through optimism: The Community Mental Health Act of 1963. American Journal of Psychiatry Residents, 16(4), 2-5.
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Institutional practices

Societal rules > Written rules > Institutional practices

About

Institutional practices are the ways in which an institution's members carry out their functions and responsibilities, often through established patterns of behavior and procedures. They can include decision-making processes and resource allocation established by historical precedent, communication protocols, performance evaluations and hiring and promotion practices.

Relationship to health and equity

How we carry out institutional practices helps create the community conditions that determine health and equity, and for whom. Marginalized populations such as the LGBTQ+ community continue to experience discrimination in hiring, living, and learning, despite federal laws preventing these actions. The health insurance industry's practice of using artificial intelligence to review claims carries the risk of bulk denials with no medical practitioner review, resulting in individuals needing to pay more for or delay treatment. Denials are higher for those with lower-incomes, lower education and people of color. While inequities remain, communities can use collective power within institutions and in partnership with those most harmed to reimagine institutional practices that serve all.

Relationship to systems and structures

Institutional practices are one type of societal rule. These practices are typically put in place by decision makers at institutions, although groups with collective power (unions, employees, external influencers) can change institutional practices through organizing and advocacy. Institutional practices can be written rules, such as grievance policies at a place of employment, or the procedures put in place by organizations to implement laws passed by legislatures. They can also be unwritten rules/practices, such as not paying women and especially women of color the same pay as men in the same position.

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- Heller, J. C., Givens, M. L., Johnson, S. P., & Kindig, D. A. (2024). Keeping it political and powerful: Defining the structural determinants of health. Milbank Quarterly, 102(2), 351-366. https://doi.org/10.1111/1468-0009.12695
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Laws and policies

Societal rules > Written rules > Laws and policies

About

Laws and policies are written rules and regulations enacted by governments to shape behavior in society and regulate activity. Laws are made by people elected to governments and enforced by various governmental agencies. A policy is a course of action or overall plan to accomplish the goals of a government, party, or organization and determine present and future decisions.

Relationship to health and equity

How we develop and enforce laws and policies can keep us safe and healthy. The Pure Food and Drug Act of 1906 made food and drugs safer, and the Clean Air Act of 1970 established standards to keep harmful pollutants out of the air. Laws and policies also play an important role in shaping the health and experience of different populations. Unfortunately, those in power implement many laws and policies that perpetuate discrimination against groups who have been marginalized; in 2021, more than 800 state laws explicitly or implicitly related to structural racism were on the books across the U.S. For example, laws that allow police to "stop and identify" people with no evidence of wrongdoing are used to stop, search and detain individuals who are Black, Hispanic or Native American at higher rates than those who are white. These types of laws have negative health repercussions, including increased psychological distress, high blood pressure and diabetes among affected populations. We all deserve laws and policies that keep everyone safe, and when people are targeted based on the color of their skin or other demographics, it harms the trust that we all will be safe.

Relationship to systems and structures

Laws and policies, including how they are enforced, have usually been constructed by powerful elites in legislatures or executive branches of governments. What is deemed illegal or legal benefits certain interests and agendas. Laws and policies have, at times, been used to create systems of oppression and sometimes violence against individuals and groups that oppose those in power. For example, some of those in power have worked steadily to pass laws obstructing voter participation.

What is considered legal or illegal reflects shifts in societal values and ideas, such as the adoption of same sex marriage, which granted LGBTQ+ couples access to benefits such as health insurance through their spouse's plan. What's illegal today (e.g., federally, recreational marijuana) may be legal tomorrow. Public health practitioners can work with policymakers and in partnership with people we serve to dismantle systems that create inequities and repair wrongs.

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- Heller, J. C., Givens, M. L., Johnson, S. P., & Kindig, D. A. (2024). Keeping it political and powerful: Defining the structural determinants of health. Milbank Quarterly, 102(2), 351-366. https://doi.org/10.1111/1468-0009.12695

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Budgets

Societal rules > Written rules > Budgets

About

A budget is a plan for the distribution of resources. Budgets are documents where decision-makers display their values by allocating resources to services, policies or other initiatives.

Relationship to health and equity

How we design and enact budgets can impact health directly by funding health promotion and disease prevention. Budgets also impact health by distributing funds that shape community conditions. For example, education funding improves educational attainment, which in turn improves health. After the 1896 Supreme Court ruling on Plessy v. Ferguson constitutionally sanctioned segregation of schools by race, schools for Black children received substantially less funding than white schools during the early 20th century. Rural schools struggle with retaining teachers due to lower salaries than urban schools, high transportation costs and a large proportion of students living below the poverty level – all factors which impact educational outcomes and improve with funding.

Relationship to systems and structures

How we approach budgets support systems. Decision-makers direct local, state or federal funding to agencies and institutions that carry out programs put in place by laws and policies. Elected officials make decisions on federal budgets for programs like the Supplemental Nutrition Assistance Program (SNAP) and Section 8 that determine who in society is supported.

Worldviews, culture and norms significantly impact how we form and implement budgets. Stories about crime that depict people of color and immigrants as criminals have contributed to increased governmental spending on policing and practices that surveille, arrest, convict and imprison Black people, Native American and other people of color at disproportionate rates to whites.

Elected officials may pass laws and policies but not allocate any funding to implement them. Legislators who have passed laws may be lauded for reform, but agencies mandated to implement unfunded programs may have to cut back on other programs that may be just as worthy. Also, if the program is not implemented well due to a lack of funds, the public may conclude that the policy is not helpful.

To decrease health inequity, we must target allocation of resources to repair the harms of those who have been most excluded.

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Governance

Societal rules > Written rules > Governance

About

Governance is the process of decision-making by institutions charged with managing economic, political and social affairs, and the process by which decisions are implemented or not. Governance decisions set strategic direction and objectives; make policies, laws, rules, or regulations; raise and deploy resources to accomplish strategic goals and objectives; and ensure that strategic goals and objectives are accomplished.

Relationship to health and equity

Decision-makers in public and private institutions guide many social, economic and physical factors that influence health. For example, decisions about how communities are designed have often not included the perspectives of those most impacted. State and local decisions to prioritize investments in roads and highways that promote car use instead of human-level activity decreased exercise and increased air pollution. Many cities carry the legacy of government and planning department decisions that destroyed communities of color by constructing highways in the heart of those neighborhoods. The impacts of the decisions could be different if a different governance process was used.

When decision makers put values such as effectiveness, integrity and competence into practice, it increases the likelihood that decisions will lead to positive outcomes.

Relationship to systems and structures

People leading institutions govern to make decisions about institutional practices, laws and policies. Congress used the filibuster, a governance tool, in the 1920s to delay the official vote on an anti-lynching bill. During the 1950s and 1960s, the Senate had to overcome multiple filibusters by Southern Democrats who obstructed passage of the Civil Rights and the Voting Rights Acts.

Corporate leaders have a lot of power over our economy and over government decisions – more power than civil society. As a result, many laws, policies and practices favor economic growth and profit at the expense of health and safety.

We can organize and build power together to demand change to previously harmful governance decisions and push for governance decisions that help everyone thrive in our society.

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- Heller, J. C., Givens, M. L., Johnson, S. P., & Kindig, D. A. (2024). Keeping it political and powerful: Defining the structural determinants of health. Milbank Quarterly, 102(2), 351-366. https://doi.org/10.1111/1468-0009.12695

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Worldviews, culture and norms

Societal rules > Unwritten rules > Worldviews, culture and norms

About

A worldview is a set of beliefs and assumptions that people use to interpret the world around them and guide behavior within a group. Worldviews are often shared between people with similar experiences, creating a culture with shared values and practices and behaviors that become norms.

Relationship to health and equity

Worldviews, culture and norms influence the conditions that shape community health and well-being, determining what services are available in a community, such as a quality education, affordable housing and medical care that respects patients' unique cultural beliefs and practices and healthy housing. Worldviews, culture and norms define who belongs in society and in what role, which can lead to positive and negative impacts. For example, the feminist liberation movement brought to light the perils of not having female representation in decision-making roles. White women benefited from new norms that freed them to choose to work rather than being restricted to the home, however women of color still did not have the choice not to work outside the home. Anti-LGBTQ+ movements put sexual and gender minorities in danger of violence.

Relationship to systems and structures

The impact of worldviews can be found recorded in society's formal, written rules, but many rules are unwritten. Strongly held ideas about what is normal and appropriate have often enabled deep harm and created persistent inequities in health. Unwritten rules kept many women restricted to the role of wife and mother and continue to devalue women's health problems and concerns. A worldview that devalues some people for the sake of creating wealth for others led to legal institutionalization of human trafficking and slavery. Similar worldviews prioritized the practice of individuals owning land over indigenous norms of stewarding and living with the land. Today, beliefs about who is deserving impact safety net programs, like SNAP and Medicaid.

A single worldview or culture cannot capture the full complexity of human health and history, and stories told about groups of people by those in decision-making roles can limit or expand opportunities for choice. When worldviews shift it can change the culture and norms already in place. This shifting of worldviews and cultures is continual and expected. Recognizing worldviews and norms that create harm and reimagining fair and equitable rules for our society is a practice key to the work of promoting health and well-being for everyone.

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- Heller, J. C., Givens, M. L., Johnson, S. P., & Kindig, D. A. (2024). Keeping it political and powerful: Defining the structural determinants of health. Milbank Quarterly, 102(2), 351-366. https://doi.org/10.1111/1468-0009.12695
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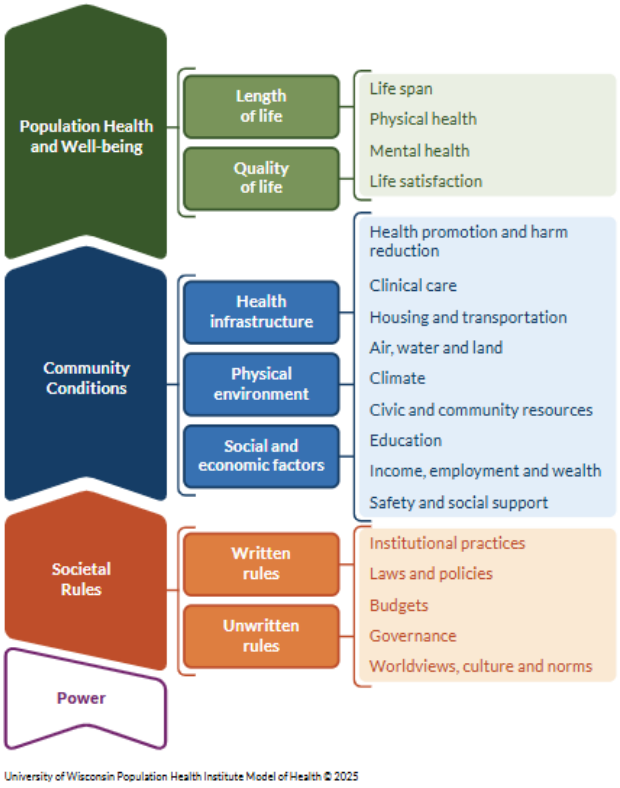
Power



About

Power is the ability to achieve a purpose and to effect change. People can build community power when they organize and act together to set agendas, shift public discourse, influence who makes decisions and cultivate relationships with decision makers. Societal rules and how they are created and maintained by those with power are referred to as the structural determinants of health.

Relationship to health and equity

The health and well-being of people and places is determined by the ability - particularly for those most impacted by inequities - to make change through collective actions that support social, economic or environmental conditions needed to thrive. People, organized and acting together, can use their power to influence society's rules by changing or challenging laws and policies, institutional practices, worldviews, culture and norms. Power, in the ongoing negotiation of social, political and economic resources, can either maintain society's rules or push for changes that can improve health and advance equity.

Though history shapes the rules we live with now, each day we build a history that we are collectively responsible for. For example, after women organized and won the right to vote in 1920, infant mortality rates dropped dramatically when lawmakers passed a law that set up maternal and child health units in every state health department, expanded birth and death data collection and supported home-visiting initiatives. The Civil Rights Act, which included hospital desegregation, is also associated with health improvement. From 1965 through 1971, infant mortality rates dropped significantly and the gap between Black and white infant mortality narrowed. This followed the passage of the Voting Rights Act in 1965, which shifted electoral power in the U.S. and ushered in a new era of government responsiveness to Black and other marginalized populations' voter participation.

Relationship to systems and structures

People have also used power to their advantage to reinforce rules that maintain patterns of social, economic and health inequity. For example, leaders in the tobacco industry have long wielded significant

corporate power to craft rules that promote commercial tobacco use and undermine public health efforts. They've done so by lobbying against regulations that limit advertising, advocating for legislation that minimizes restrictions on tobacco sales, and marketing to marginalized communities. Through financial contributions to political campaigns and public health organizations, tobacco companies have also wielded power to influence governance and public perception, creating a façade of corporate responsibility while continuing practices detrimental to health.

Advancing health and equity requires us to contest power. This means building power by cultivating the capacity of people who are disproportionately burdened, and who therefore have the most at stake, and disrupting the power of those whose interests align with perpetuating health inequities.

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- Heller, J. C., Givens, M. L., Johnson, S. P., & Kindig, D. A. (2024). Keeping it political and powerful: Defining the structural determinants of health. Milbank Quarterly, 102(2), 351-366. https://doi.org/10.1111/1468-0009.12695
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Appendix 1: Technical Definitions

Model Construct	Technical Definition
Population Health and Well-being	Population health involves physical, mental and social well-being for everyone and extends to the ability to contribute meaningfully to the world. Death serves as the ultimate health outcome. Attention is paid to needs associated with socially defined or marginalized groups and the resulting inequities.
Length of life	Lifespan summaries of the time between birth and death; epidemiology of deaths and early deaths including frequency and categorization.
Life span	The mortality conditions including, but not limited to, the average number of years people are expected to live. CHR&R uses 'life span' as plain language for mortality.
Quality of life	Quality of life is a subjective assessment of individuals' overall well-being. Quality of life underscores the importance of physical, mental, social, spiritual and emotional health from birth to adulthood and recognizes that relationships, education, work environment, wealth, a sense of safety, autonomy in decision-making, social belonging and self-actualization all feed into perception of quality of life. Quality of life reflects a person's internal conditions and experience of external aspects that are beyond the control of individuals and enable them to live well.
Physical health	Medical conditions and self-rated health related to the state of the body.
Mental health	Medical conditions and self-rated health related to the state of the mind.
Life satisfaction	The overall assessment of health-related quality of life.
Community Conditions	The conditions of daily life that create access or barriers to health. Conditions for health include economic and social stability, satisfaction of basic needs, safety from physical and psychological violence or harm, and access to quality health promoting services (at both the individual and community levels). We summarize these as 1. Health Infrastructure; 2. Physical Environment; 3. Social and Economic conditions.
Health infrastructure	Public health and health care systems aim to promote (protect and improve) the best health and well-being possible for all people. These systems function on the individual-level in health care clinics and doctors' offices through health education and interventions; and at the community-level to prevent disease and injuries and by identifying hazards, monitoring population health and equity, and championing health equity in all policies. Public health and health care systems include government systems like the Centers for Disease Control and Prevention, Medicare and Medicaid; private market insurance plans, local public health departments, and non-profit health-promoting organizations.
Health promotion and harm reduction	Health-focused activities, both prevention and intervention, that fall outside of clinical care/treatment; community-level health-promoting

	services and activities in areas such as sexual activity, tobacco, alcohol and drug use, physical activity, healthy eating, and infectious and chronic diseases.
Clinical care	Anything relating to the direct medical treatment or testing of patients.
Physical environment	The physical environment includes the natural world and the impacts of human actions including climate, pollution, and infrastructure built for housing, industry, transportation, communication and participation in civic life.
Housing and transportation	Housing includes houses, apartments, and congregate housing like nursing homes or halfway houses. Transportation connects us to the places where we live, work, learn and play and can include buses, subways, trains as well as sidewalks, streets, bike paths, highways and air travel.
Air, water and land	Air, water and land are the fundamental natural resources that provide what we need to survive and thrive.
Climate	Climate is the long-term pattern of temperature and precipitation for local, regional or global areas. Climate can be described by averages and extremes of temperature and precipitation.
Civic and community resources	Both physical and non-physical infrastructure and programs that build community-level assets. These may be public goods that are not educational or health care-related, but may also require finances to access.
Social and economic factors	Social and economic factors influence the choices and opportunities available in a community. Economic factors can affect the economic sustainability of families and nations and can include which jobs are available and to whom, and whether education, housing and health insurance is accessible and affordable. Social factors come from the societal contexts in which people operate and can include family and community support.
Education	Education is how we formally learn. Education begins in early childhood, continues through K-12, and may continue after high school through college or vocational training.
Income, employment and wealth	Employment is the condition of having paid work, which provides income and often benefits such as health insurance and paid sick leave. Employment, and the income and benefits it provides, shape our choices about housing, child care, medical care and more. Wealth, or the accumulation of assets, makes it easier for people to manage job changes, emergencies, education costs and retirement.
Safety and social support	Infrastructure or programs that focus on safety; infrastructure or programs that focus on supporting individuals and families.
Societal Rules	The written and unwritten rules that create, maintain, or eliminate durable and hierarchical patterns of advantage among socially constructed groups in the conditions that affect health.[1]

Written rules	Codified expectations dictating acceptable behavior and desired context within a population. Written rules, along with unwritten rules, are central to the production and maintenance of social orders and hierarchies.
Institutional practices	"[T]he ways in which an institution's members carry out their functions and responsibilities, often through established patterns of behavior, procedures, and rules. They can include decision-making processes, communication protocols, performance evaluations, hiring and promotion practices, and resource allocation."[2]
Laws and policies	"Instruments used by governments and both public and private organizations to achieve their objectives and shape context and behavior. They establish rules and regulate activities in various sectors of society."[1]
Budgets	"[A] plan for the coordination of resources and expenditures."[3]
Governance	The "system of values, policies, and institutions by which society manages economic, political, and social affairs through interactions within and among the state, civil society and private sector. It is the way a society organizes itself to make and implement decisions."[4] Governance can take many forms, including democratic and authoritarian models. Governance is also "the process of decision-making and the process by which decisions are implemented (or not implemented). Governance can be used in several contexts such as corporate governance, international governance, national governance and local governance."[4]
Unwritten rules	Both informal and codified expectations dictating acceptable behavior and desired context within a population, and the underlying worldviews and narratives used to justify these expectations. Unwritten rules, along with written rules, are central to the production and maintenance of social orders and hierarchies. Unwritten rules are also known as social norms and can impact institutional practices and systems of governance.
Worldviews, culture and norms	A worldview is "A conscious or unconscious conception of society based on our values, beliefs, and assumptions that shapes how we make sense of the world and our collective senses of responsibility and possibility."[6] "Culture refers to the shared beliefs, values, practices, behaviors, and artifacts that characterize a group or society. Norms, on the other hand, are the unwritten rules or expectations that guide and regulate behavior within a particular cultural or social group."[7]
Power	Power is the ability to achieve a purpose and effect change. People can build community power when they organize and act together to set agendas, shift public discourse, influence who makes decisions and cultivate relationships with decision makers. Power, and the societal rules that reinforce who holds power and how it is used to make change, are referred to as the structural determinants of health.[1 8 9]

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