

## GUEST EDITORIAL

# Reflections and Projections: Prevention, Policy, and Health

As a nation, we are consumed by the pursuit of good health. We toast, “To your health!” Health-related stories fill the news, particularly at the start of each New Year as we resolve to lose weight and become more active, and even serve as themes for TV shows. Commercials for healthcare products (diet plans, exercise equipment and cooking tools) abound. Most of us would rank living a long and healthy life above money, fame and just about anything else. Or, as a teacher of mine used to say, “all my patients want to die healthy.” Almost a fifth of every dollar spent in the US goes toward health services. While we all have the same goal, the burden of disease is unequal. We’re all in a race toward better health, but some people start from behind. Economics, education and genes play a role, as does poor health behavior such as inactivity and smoking or drinking to excess.

When it comes to taking control of our health we tend to focus on the wrong things. Even the doctors, nurses and other health professionals in my classes at the Jefferson School of Population Health are surprised to learn that, according to one estimate, health care accounts for only 10% of the many factors that help us live to a ripe old age. The rest are things like good genes (30%), social circumstances (15%) and healthy habits (40%).

While we can’t do anything—so far—about picking the right parents for better genes, there is much we can do to stack the lifetime lottery in our favor. We could take a more active role in our own health by eating less, consuming better quality food, and exercising more. Despite the best of intentions, better health is a much harder

goal for some people to achieve when they are swimming against an unhealthy tide that is largely out of their control.

The sad reality is that zip code often matters more than genetic code. Where people live and the specifics of their social situations have a tremendous effect on their health outcomes. For instance, according to the Philadelphia Department of Public Health, male life expectancy by neighborhood varied by as much as 12 years in 2010 (65 vs. 77 years). Community factors such as housing quality, violence, income, employment, and access to healthy food impact health outcomes. However, moving to a “healthier” neighborhood may not be enough to erase these differences. Other factors such as discrimination, stigma, lack of social support and the stress these conditions cause can literally make us sick.

Unfortunately, our political and policy-making institutions often fail to address these concerns. Telling people that they should take better care of themselves is not controversial. Despite the debate over Obamacare, politicians of all stripes generally agree that access to high-quality health care is a good thing. However, promoting public policies that raise wages so people don’t have the stress of living hand to mouth is considered a political act. Raising taxes on certain junk foods—shown to help decrease calorie consumption—is derided as an attack on American free choice. Earnest discussions about the health impacts of racism and other forms of bias often devolve into petty partisan debates and victim blaming. We must find a way to depoliticize these issues.

Policy interventions that improve health are not just a moral imperative. Poor health outcomes result in higher premiums, lost worker productivity and increasing taxes. Even if you believe that people have ultimate responsibility for their own health, helping them achieve it makes economic sense.

All of us and our political leaders must acknowledge that health is determined by many factors—some of which are beyond an individual’s control. We must identify and apply proven policies to ensure everyone has equal access to social, environmental and economic conditions that promote rather than harm health.

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*This editorial is based on an article that first appeared in the [Field Clinic Blog](#) on Philly.com.*