From *Community Health and Economic Prosperity: Engaging Businesses as Stewards and Stakeholders—A Report of the Surgeon General*

What Causes the U.S. Health Disadvantage?

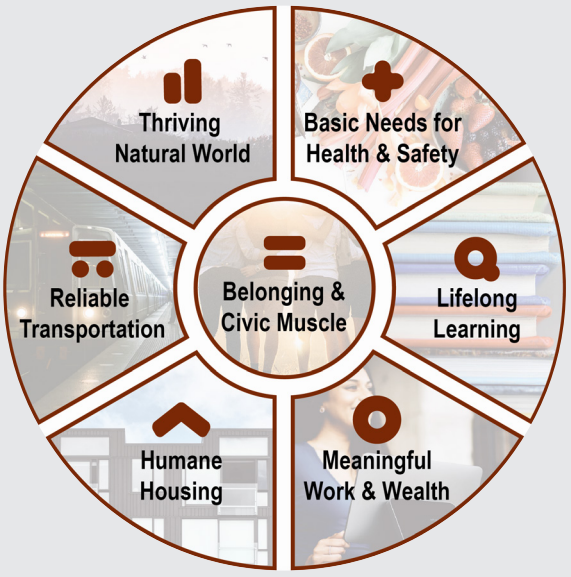
The U.S. health disadvantage can be explained by the ways in which the United States differs from other wealthy countries, for example:[1]

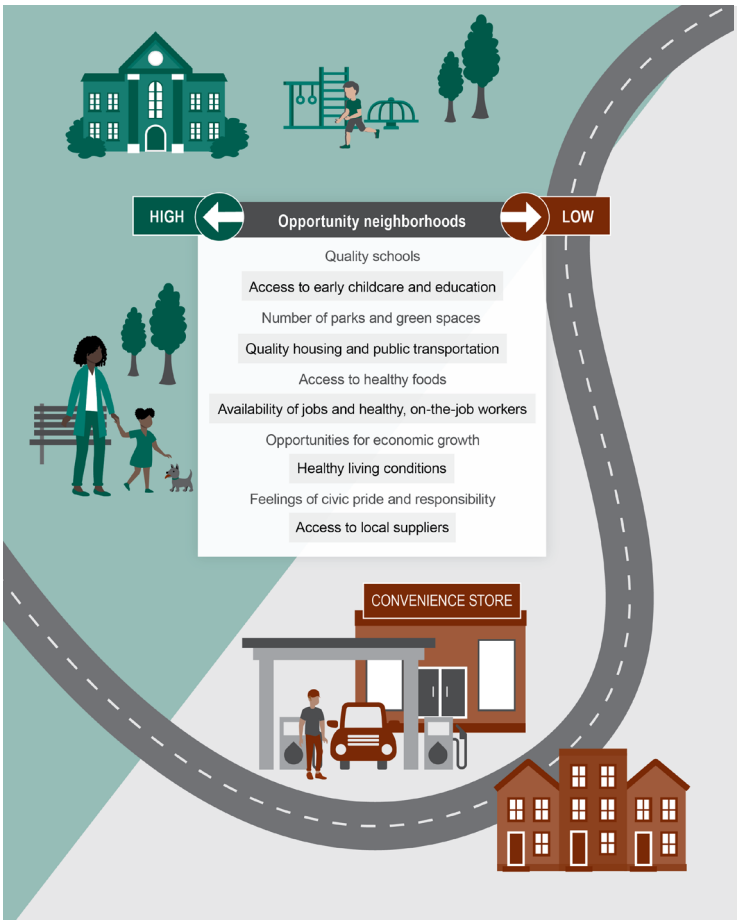
Public Policy and Spending	Social and Economic Conditions	Social and Environmental Factors	Individual Behaviors	Healthcare
Such as taxation, social welfare programs, and investments in education	Such as poverty and income inequality	Such as access to affordable housing and recreation and parks, and exposure to violence	Such as diet, misuse of alcohol and drugs, and use of seat belts	Including cost of and lack of access to healthcare

Racism and bias is increasingly identified as an important contributing cause of poor health outcomes for such population groups as people of color. Racism and bias affects well-being through several intertwined pathways. For example, residential housing segregation, unequal treatment within the criminal justice system, and lack of access to credit and capital have the effect of concentrating poverty, limiting access to quality education, and limiting employment and economic opportunities. Each of these contributes to poorer health outcomes. Racism and bias in the diagnosis and treatment of disease also contributes to poorer health outcomes.[2]

Americans tend to think of health as health*care*. But health happens in communities and is largely driven by conditions outside the healthcare system that compromise health, limit opportunity, and shorten life. In fact, 80–90% of health outcomes are the result of conditions in communities.[3]

These community conditions are known as "vital conditions" because everyone needs them in order to have the opportunity to achieve their best health, wealth, and well-being. The U.S. health disadvantage has its roots in poor conditions in neighborhoods and communities where the vital conditions that shape health are unmet for some residents.[4]





Communities that lack some or all of the vital conditions that shape health are considered "low-opportunity" neighborhoods. Such neighborhoods are plentiful across the United States and are often found next to "high-opportunity" neighborhoods. Low-opportunity neighborhoods diminish the life chances of the people who live there, particularly children.

Characteristics of low-opportunity neighborhoods—such as poor-quality education, unstable housing, low incomes, and food insecurity—reduce consumer spending; affect workers' health and productivity; and contribute to more absences and greater presenteeism among workers.[5]

Unmet vital conditions and associated lack of educational and economic opportunities are found in low-opportunity neighborhoods. These unmet vital conditions drive the U.S. health disadvantage and raise costs for businesses.

Notes

[1] **The United States differs from other wealthy countries.** Avendano, M., & Kawachi, I. (2014). Why do Americans have shorter life expectancy and worse health than people in other high-income countries? *Annual Review of Public Health, 35,* 307–325; Crimmins, E. M., Preston, S. H., & Cohen, B. (Eds.). (2011). *Explaining divergent levels of longevity in high-income countries.* Washington, DC: National Academies Press; and Woolf, S. H., & Aron, L. (Eds.). (2013). *U.S. health in international perspective: Shorter lives, poorer health.* Panel on Understanding Cross-National Health Differences Among High-Income Countries. National Research Council, Committee on Population, Division of Behavioral and Social Sciences and Education, and Board on Population Health and Public Health Practice, Institute of Medicine. Washington, DC: The National Academies Press. **Social and economic factors.** Desilver, D. (2017). U.S. students' academic achievement still lags that of their peers in many other countries. Retrieved from https://www.pewresearch.org/fact-tank/2017/02/15/u-s-students-internationally-math-science/. **Social and physical environments.** Forsyth, A., & Southworth, M. (2008). Cities afoot—Pedestrians, walkability and urban design. *Journal of Urban Design,* 13, 1–3; Southworth, M. (2005). Designing the walkable city. *Journal of Urban Planning and Development,* 131, 246–257; and Woolf, S. H., & Aron, L. (Eds.). (2013). *U.S. health in international perspective: Shorter lives, poorer health.* Panel on Understanding Cross-National Health Differences Among High-Income Countries. National Research Council, Committee on Population, Division of Behavioral and Social Sciences and Education, and Board on Population Health and Public Health Practice, Institute of Medicine. Washington, DC: The National Academies Press. **Individual behaviors.** Woolf, S. H., & Aron, L. (Eds.). (2013). *U.S. health in international perspective: Shorter lives, poorer health.* Panel on Understanding Cross-National Health Differences Among High-Income Countries. National Research Council, Committee on Population, Division of Behavioral and Social Sciences and Education, and Board on Population Health and Public Health Practice, Institute of Medicine. Washington, DC: The National Academies Press; Mokdad, A. H., Marks, J. S., Stroup, D. F., & Gerberding, J. L. (2004). Actual causes of death in the United States, 2000. *JAMA, 291*(10), 1238–1245; Mokdad, A. H., Marks, J. S., Stroup, D. F., Gerberding, J. L. (2005). Correction: Actual causes of death in the United States, 2000. JAMA, 293(3), 293–294; and Institute of Medicine and National Research Council. (2015). *Measuring the risks and causes of premature death: Summary of workshops.* Washington, DC: The National Academies Press. **Healthcare.** Dickman, S. L., Himmelstein, D. U., & Woolhandler, S. (2017). Inequality and the health-care system in the U.S.A. *Lancet, 389*(10077), 1431–1441; and Mossialos, E., Djordjevic, A., Osborn, R., & Sarnak, D. (Eds.). (2017). *International profiles of health care systems.* New York, NY: The Commonwealth Fund.

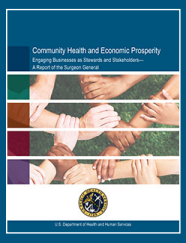
[2] Williams, D. R., Lawrence, J. A., & Davis, B. A. (2019). Racism and health: Evidence and needed research. *Annual Review of Public Health, 40,* 105–125; Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., . . . Gee, G. (2015). Racism as a determinant of health: A systematic review and meta-analysis. *PLoS One, 10*(9), e0138511; Cain, V. S., & Kington, R. S. (2003). Investigating the role of racial/ethnic bias in health outcomes. *American Journal of Public Health, 93*(2), 191–192; Simon, S., & Ho, P. M. (2020). Ethnic and racial disparities in acute myocardial infarction. *Current Cardiology Reports 22*(9), 88; and Smedley, B. D., Stith, A. Y., & Nelson, A. R. (Eds.). (2002). *Unequal treatment: Confronting racial and ethnic disparities in health care.* Washington, DC: National Academies Press.

[3] Hood, C. M., Gennuso, K. P., Swain, G. R., & Catlin, B. B. (2016). County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine, 50*(2), 129–135.

[4] Graphic of the seven vital conditions is adapted with permission from WE in the World, on behalf of the WIN Network, Rippel Foundation, and Well Being Trust: Well Being In the Nation Network. (n.d.). *Vital conditions.* Retrieved from https://winnetwork.org/vital-conditions. For more information on the vital conditions, visit https://www.communitycommons.org/collections/Seven-Vital-Conditions-for-Health-and-Well-Being

[5] Acevedo-Garcia, D., McArdle, N., Hardy, E. F., Crisan, U. I., Romano, B., Norris, D., . . . Reece, J. (2014). The child opportunity index: improving collaboration between community development and public health. *Health Affairs, 33*(11), 1948–1957.

ABOUT THIS FACT SHEET | The content of this fact sheet is adapted from *Community Health and Economic Prosperity: Engaging Businesses as Stewards and Stakeholders—A Report of the Surgeon General.*



The complete Surgeon General's report describes the U.S. health disadvantage and the importance of strengthening communities and improving the health of residents. It also offers recommendations for how businesses can address the U.S. health disadvantage by engaging with and investing in communities, while creating value, lowering business costs, and improving the health of employees and other stakeholders.

For more content—including supporting references and additional resources—view the complete report, business digest, fact sheets, and other supplementary materials at https://www.hhs.gov/surgeongeneral/reports-and-publications/

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