

Equity vs. Equality: Lifestyle as Medicine and the Social Determinants of Health



QUICK READ



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Several decades ago, we were talking about the socio-economic status of individuals. This area of concern is not something that is abating and it's not something that's getting better. In fact, it looks like it's getting worse.

Dr. Dexter Shurney

What do lifestyle as medicine and social determinants of health have in common? As it turns out, quite a bit. Unfortunately, our current healthcare model and economic culture aren't supporting either. We were joined by Dr. Dexter Shurney, President of The American College of Lifestyle Medicine and Chief Medical Officer at Foodsmart by Zipongo, in an extension of our THRIVEx Diversity, Equity and Inclusion Series for a discussion on the [racial disparities in health](#) this September. Now we're exploring his top insights into the impact our zip code has on our health outcomes and the steps we can take to combat these inequities today and in the future.

Racial Disparities in Chronic Disease

The coronavirus pandemic has been a source of stress, anxiety and fear for many. As COVID-19 ravaged the world, we saw severe cases and high death rates concentrated in two intersecting high-risk populations—individuals living with chronic conditions and minority ethnic groups.



Minority ethnic groups experience higher rates of chronic disease than their white counterparts, leaving them more susceptible to poor health outcomes at an earlier age. For example, African American adults are twice as likely to die from heart disease when compared to white Americans, are fifty percent more likely to have high blood pressure and are sixty percent more likely to be diagnosed with diabetes.¹

An exponential number of young people are getting diagnosed with chronic conditions each year.² More than 340 million children and adolescents between the ages of 5 and 19 now classify as overweight or obese.¹ Individuals with two or more chronic conditions, regardless of age, are now falling into the same risk bracket as individuals who are over age 70.² What's worse is that these diseases are more common among the economically disadvantaged and communities of color, driven by factors like limited access to healthy food, health education and quality healthcare.

It's estimated that up to fifty percent of our health is governed by lifestyle, while only about ten percent is shaped by access to healthcare.² So, if our ability to receive adequate medical care is not the leading factor in our health outcomes, why is it that these marginalized populations are experiencing both higher rates of preventable chronic illness and severe COVID-19 outcomes? The answer lies within the social determinants of health—the home environment, education, social support, neighborhoods and employment opportunities in which one grows and lives—which are prohibiting these individuals from reaching optimal levels of health by making it difficult or impossible to practice lifestyle medicine.

“ We find out that patients with these underlying conditions are 12 times more likely to die of COVID than otherwise healthy individuals. And all of those things are related—the diabetes, the obesity, but also our immune health.

Dr. Dexter Shurney

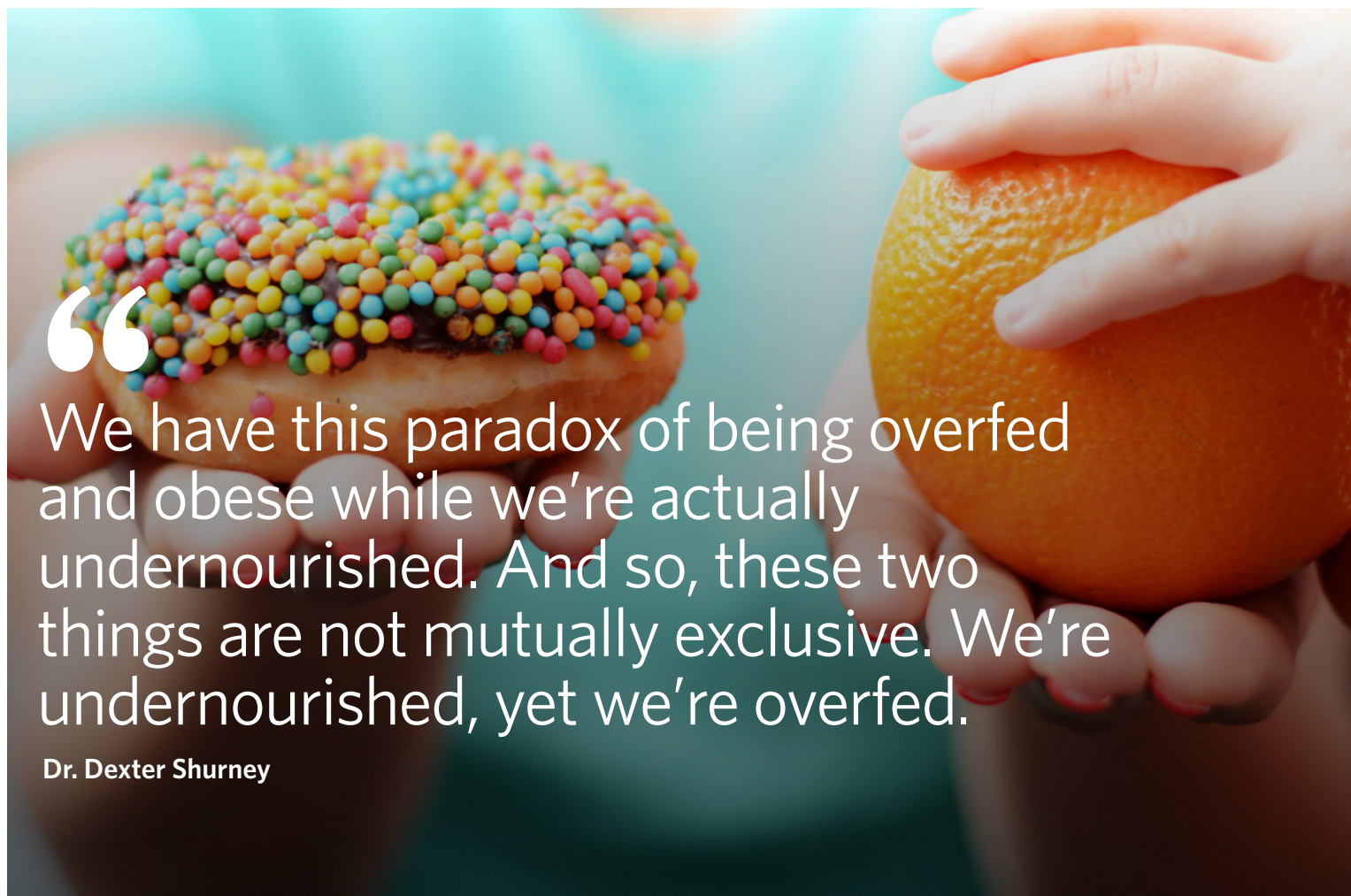
What is Lifestyle Medicine?

Lifestyle medicine is a prescriptive method of using individualized nutrition, exercise, sleep, stress management, social relationships and recreational habits to influence positive health outcomes by addressing the root cause of health risks and ailments.

Dr. Dexter Shurney likens lifestyle medicine to tending to a garden. Like a plant, which requires adequate sunlight, water and nutrients in the soil to thrive, your body requires the right amount of sleep, physical activity and nutrition to become and stay healthy. When this balance is found, the immune system improves, reducing your risk of cancer, diabetes, obesity and depression.

It's clear that lifestyle medicine is a powerful tool in improving health outcomes for both healthy and at-risk individuals. In fact, research has shown that lifestyle interventions like the Diabetes Prevention Program are significantly more effective in preventing the onset of type 2 diabetes than prescription drugs like metformin, reducing the incidence of type 2 diabetes by fifty-eight percent.³

But, if an at-risk individual is in a social, cultural or economic situation that doesn't support engaging in healthy lifestyle behaviors, then they also do not have an equal opportunity to prevent or delay the onset of chronic disease. For example, food insecurity is at an all-time high, impacting 37 million Americans and 135 million individuals globally before the COVID-19 pandemic and with the potential to impact an additional 130 million people worldwide by the end of 2020.⁴ Given that nutrition is a foundational element of lifestyle medicine, that leaves over 265 million individuals unable to improve their health outcomes. And as more people rely on the support of food banks and inexpensive non-nutritious, highly processed foods, we see this anomaly of rising obesity and undernourishment among disadvantaged populations.



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We have this paradox of being overfed and obese while we're actually undernourished. And so, these two things are not mutually exclusive. We're undernourished, yet we're overfed.

Dr. Dexter Shurney

Create Equity and Opportunity

When we explore the living conditions, workplace differences and preexisting underlying health conditions of those most impacted by COVID-19 and early mortality, we begin to see why minority ethnic groups are disproportionately affected by this pandemic. The issue is not that this high-risk group chooses to engage in bad health behaviors; rather, it's more likely that they lack access to the opportunities to adopt optimal lifestyle habits.

Improving health outcomes within marginalized populations starts with allowing all individuals access to the same kind of opportunity. Lack of opportunity creates long-term stress, which impacts our body and wears us down both psychologically and physiologically, a situation which Dr. Shurney refers to as weathering.⁵

In order to create fair conditions for all, we must go beyond simply striving for equality, which aims to provide everyone with the same tools to succeed. When we focus on equality, we ignore the needs of each individual and disparities persist. Equity, however, considers the roadblocks that prevent disadvantaged populations from achieving optimal health. How are their living conditions holding them back? Have they received quality education? Who are they influenced by? These factors change the way we must approach our efforts to increase access and opportunity.

Returning to the concept of nutrition, we cannot simply provide disadvantaged populations with fresh produce, whole grains and lean proteins and expect their eating habits to improve. Understanding the psychology behind what people are eating is vital. For these marginalized populations who've had limited exposure to healthy food, we must consider the addictiveness of unhealthy processed foods and the lack of education on how to prepare whole foods. Thus, it becomes about more than just the ability to obtain nutritious foods—we must also take the time to address the poor lifestyle habits that have been ingrained for years or even a lifetime and hope to replace them with healthier habits through a combination of exposure, access and education.

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If you look at every level that these social determinants exist, we have to make sure that we are doing this in a way that provides equity, giving the person what they need to succeed.

Dr. Dexter Shurney

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What we're learning more and more is that it's not about race, it's about risk... It's about opportunity.

Dr. Dexter Shurney



Take Action: How to Fight for Change at the Community and Institutional Level

Widespread change starts at the community level. Dr. Shurney emphasizes the importance of meaningful collaborations, working with the people within the community to conduct an on-the-grounds needs assessment to gauge the perspective of the affected individuals in order to adequately address these issues of inequity.

After examining the physical environment to assess access to things like healthcare, education, nutrition and transportation and exploring the social networks within neighborhoods, workplaces and local institutions, the next step is finding the right partners. Involving local institutions with the right resources and securing senior-level commitment will help to create accountability and drive change. Once your partners are secured, assigning roles and responsibilities to specific individuals within your task force is key to the execution and success of these collaborative efforts.

As we learned from [Dr. Aletha Maybank's THRIVEx presentation](#), health equity starts in the workplace. Organizations have a responsibility to support diversity, equity and inclusion efforts both within their own institution and in their local community. Creating access to education, tools, resources and support systems generates greater opportunities for disadvantaged populations. By increasing your employee wellbeing efforts and offering personalized preventive health tools to at-risk populations, such as digital therapeutic solutions for [prediabetes](#) or [weight management](#), your organization can begin to break down these barriers for your workforce, their families and the community at large.

Sources:

1 <https://www.cdc.gov/vitalsigns/aahealth/index.html>; <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18>

2 https://www.americanactionforum.org/research/understanding-the-social-determinants-of-health/#_edn8

3 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1370926/>

4 https://www.feedingamerica.org/sites/default/files/2020-05/Brief_Local%20Impact_5.19.2020.pdf; <https://www.worldbank.org/en/topic/agriculture/brief/food-security-and-covid-19>

5 <https://www.sciencedirect.com/science/article/abs/pii/S1047279718300802>

“ Everything you look at, you really need to look at the root cause and you need to look at it with that lens of equity versus equality.

Dr. Dexter Shurney



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