Grand Challenges for Social Work

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Policy Recommendations for Meeting the Grand Challenge to

Close the Health Gap

Dramatic health inequalities in the United States exist by race, ethnicity, gender, age, disability status, geography, sexual and gender identity, and socioeconomic status. Despite increased attention to such inequalities, our health system has made insufficient progress in reducing these disparities and creating greater health equity. Too little attention has focused on the social determinants of health—economic, social, and environmental factors—whereby health disparities take root, inequalities grow, and inequities reproduce. The proposed recommendations for health equity give expression to several broad themes: (a) the need for research and practice efforts that incorporate a social-determinants approach; (b) the need for a settings-focused agenda that incorporates community voice and vision; (c) the need for culturally grounded prevention and social innovation; (d) the need for all efforts to have an evidence base that provides program planners, practitioners, community leaders, and providers with effective, culturally congruent models; and (e) the need for cross-sector collaboration in the conduct of research and prevention efforts.

Recommendation 1:
Focus on Settings-Based Research and Interventions to Improve the Conditions of Daily Life

Highly promising components of community-based research, practice, and policy for addressing social determinants of health inequities are found in the "places" and "social contexts where people engage in daily activities, in which environmental, organizational and personal factors interact to affect health and well-being, and where people actively use and shape the environment, thus creating or solving health problems."[1] Although large-scale social and economic (distal-level) policy changes may be the ultimate instruments for resolving the nation's health crisis, an accessible starting place is to build the community-enhanced evidence base for change from the bottom up and to facilitate the development of settings-based health policy initiatives (intermediate-level policy change).[2]

Recommendation 2:
Advance Community Empowerment and Advocacy for Sustainable Health Solutions and Prevention

A community organized for health improvement may work on either or both of two goals: representation in governance of the health-care delivery system and interventions that create sustainable community changes. Community health coalitions and local learning communities can also play critical roles in developing local capacity for representation, monitoring progress, training volunteers, and demonstrating local options if reform implementations break down. Community-oriented research networks can be developed in parallel to practice-based research networks in order to identify common measures and themes as well as to lead in the design and development of culturally grounded health-promotion interventions.

Recommendation 3:
Cultivate Health Innovation in Primary Care and Community-Based Centers

Improving the health of those suffering lifelong and even intergenerational disadvantage, especially those previously without regular primary health care, will require innovation in primary and other care. Social interventions are needed to meet the basic, nonclinical needs of primary-care patients. Such efforts could include (a) incorporating health care services within community-based recreational or cultural centers (e.g., the Peckham experiment);[3] (b) promoting community health and prevention for children and youth; and (c) expanding, through community-enhanced research, the evidence-based set of culturally grounded preventive interventions for physical, mental-health, neurological, and substance-use disorders.

Recommendation 4:
Promote Access to Health Care and Insurance for All

The Affordable Care Act provides unparalleled opportunities to expand access and reduce difficulties in navigating complex health care systems.[4] Full access requires that we promote maximum enrollment in health insurance, particularly among disadvantaged populations that are likely to experience difficulties during the enrollment process as well as among vulnerable populations not included in the act's protections—most notably, the nation's undocumented immigrants. In addition, advocacy efforts should include educating communities and voters on the benefits of the optional Medicaid expansion in states that have yet to do so. Also, policy advocacy efforts should seek to reduce racial disparities exacerbated by uneven expansion of Medicaid across the nation.

Recommendation 5:
Foster Development of an Interprofessional Health Workforce

According to the Bureau of Labor Statistics,[5] the demand for a social work health-care workforce will outpace that for all other occupations: Between 2014 and 2024, employment of health-care social workers is projected to grow by 12% and employment of mental-health and substance-abuse social workers is projected to grow by 19%. Social work can lead integrated initiatives for evidence-based workforce development by reviewing practitioner preparation for transdisciplinary social interventions, defining a core curriculum for the initiatives, establishing training standards

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for advanced practice in specialized areas, and identifying new competence areas for the emerging health system (e.g., prevention science, place- and settings-based research, community engagement, improvement science, health-data analytics, and team methods for collaborative behavioral and physical health care).

Recommendation 6:
Develop a Global Health Policy Agenda on Reducing Alcohol Misuse

As one of the leading causes of preventable death and disease, the distribution of alcohol use and its attendant problems varies greatly across the globe, with developing countries representing the newest "markets" for the alcohol industry.[6] One of the more innovative and potentially impactful means of offsetting alcohol-related harms and mitigating the spread of alcohol-related health burdens to the developing world comes in the form of a "cap and trade" system similar to that proposed for the energy sector.[7] Although the international discussion of this approach is in the early stages, policymakers designing such a system should consider the features of a project by InBev, the world's largest brewer. InBev has pledged over $1,000,000,000 (U.S. dollars) to reduce alcohol-related harms across the globe by 10% within the next decade.[8] The project will include social norms campaigns, community-based prevention, screening and brief intervention programs, a voluntary reduction in the alcohol content of InBev's products, and various other science-based programs. The project, if successful, will help frame the discussion for future global efforts to reduce alcohol-related harms.

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End Notes

These recommendations are based on the two working papers released as part of the grand challenge to close the health gap. The papers and a description of the challenge may be found at http://aaswsw.org/grand-challenges-initiative/12-challenges/close-the-health-gap/.

1. Newman, Baum, Javanparast, O'Rourke, and Carlon (2005, p. ii127).
2. Institute of Medicine (2013).
3. Hall (2001).
4. Patient Protection and Affordable Care Act (2010).
5. Bureau of Labor Statistics (2016).
6. Rekve (2016).
7. Babor (2016).
8. Anderson and Rehm (2016).

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