2019 LEGAL EPIDEMIOLOGY SYMPOSIUM
Looking Back and Looking Ahead
SESSION 3
Using Law to Address the Social Determinants of Health

- Scott Burris, Temple Law and CPHLR
- Katie Moran-McCabe, CPHLR
- Jennifer Karas Montez, Syracuse University
- Kelli Komro, Emory University
- Wendy Parmet, Northeastern University School of Law
- Evan Anderson, Penn Nursing (Moderator)
Contextualizing the Gradient: Developing the Relational Element of the Social Determinants Analysis

Scott Burris, JD
Center for Public Health Law Research
Temple University Beasley School of Law
Philadelphia, PA

September 13, 2019
The Original Gradient

The Latest Meme: Zip Code as Fate

City Value for Life Expectancy in Philadelphia, PA

Philadelphia had an average life expectancy at birth of 75.4, compared to an average of 78.8 across the Dashboard cities.

Social Structure Has a Gravitational Effect on Research and Theory, Too

Social Conditions as Fundamental Causes of Disease*

BRUCE G. LINK
Columbia University and New York State Psychiatric Institute

JO PHELAN
University of California, Los Angeles


Addressing the “Risk Environment” for Injection Drug Users: The Mysterious Case of the Missing Cop

SCOTT BURRIS, KIM M. BLANKENSHIP, MARTIN DONOGHUE, SUSAN SHERMAN, JON S. VERNICK, PATRICIA CASE, ZITA LAZZARINI, and STEPHEN KOESTER
The Milbank Quarterly, Vol. 82, No. 1, 2004 (pp. 125–56)
A Lucky Coincidence
WORK AREA AHEAD
There is Robust Theory and Evidence in Social Psychology

1. Inequality is identified and maintained through perceptual processes:
   – Social Class Is Signaled and Accurately Perceived During the Early Stages of Social Perception

2. Ideologies of Merit Reinforce Economic Inequality
   – Structural Class Divisions Create Economic Inequality Blindness
   – Higher Social Class Is Accompanied by Ideological Beliefs of Economic, Personal, and Social Deservingness
   – Ideologies of Merit and Inequality in Political Participation Exacerbate Economic Inequality

3. Economic Inequality also operates along Moral–Relational Paths
   – Higher Social Class Curbs Compassion and Heightens Self-Interest in Ways That Exacerbate Inequality
A Practical Example: Inequality Reproduced Through Help

<table>
<thead>
<tr>
<th>Is inaction interpreted as disagreement with the status quo?</th>
<th>Advantaged groups’ response to disadvantaged groups’ inaction</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Inaction is attributed to the laziness, indifference, incompetence, or ungratefulness of the disadvantaged group.</td>
<td>Inaction is attributed to the innate inferiority of the disadvantaged group and as indicating consent to their disadvantaged position.</td>
</tr>
<tr>
<td>Yes</td>
<td>Inaction is recognised as an attempt to challenge the status quo; measures to ensure the advantaged group’s dominant position are taken.</td>
<td>Inaction is recognised as an attempt to challenge the status quo; the disadvantaged group’s struggle for equality is seen as legitimate and probably supported.</td>
</tr>
</tbody>
</table>
Going forward on Inequity

• Structural change is essential
• But interpersonal change is possible and essential and can change lives right here and now
• Social determinants work has room to grow…
Legal Levers for Health Equity in Housing

Katie Moran-McCabe, JD
Center for Public Health Law Research
Temple University Beasley School of Law
Philadelphia, PA
September 13, 2019
The Policies for Action Program of the Robert Wood Johnson Foundation supported the research reported in this presentation. The content is solely the responsibility of the authors and does not necessarily represent views of the Program or the Foundation.
What Has Our “Housing System” Produced in the Past Half Century?

A chronic affordability gap:

• There are only 37 affordable and available units for every 100 extremely low-income renter households

• More than 10 million households pay more than half of their incomes for housing

Persistently inequitable and unhealthy conditions:

• The average White person lives in a neighborhood that is almost 80% White, approximately 10% Latino, less than 10% Black, and less than 5% Asian

• 4 million households have children exposed to high levels of lead
What Do We Want the System to Produce?

Health Equity in Housing (HEIH)
A Legal Levers Model for HEIH

Governance

Affirmatively Furthering Fair Housing

More people living in quality housing in socioeconomic and racially mixed, healthy neighborhoods

Maintaining Existing Housing Affordable, Stable, and Safe

Increasing the Supply of New Affordable Housing

Enhancing Economic Choice for the Poor

More people living in quality housing in socioeconomic and racially mixed, healthy neighborhoods
The Questions We Addressed

1. Are legal levers for HEIH actually doing what they purport to do?
2. If so, are they tending to produce HEIH?
3. How can we better design and deploy legal levers for HEIH?
Are legal levers for HEIH actually doing what they purport to do?

- Mostly “no” or “just don’t know.”
- Some “sort of” or “in some places.”
How can we better design and deploy legal levers for HEIH?

Changes to laws that are mostly harmful:

- Exclusionary zoning laws
  - Changes to allow for greater density
  - Use of inclusionary zoning
How can we better design and deploy legal levers for HEIH?

Tweaks to levers that seem to work (at least in some ways):

• Low Income Housing Tax Credit program
  o Use of Qualified Allocation Plan

• Housing Choice Voucher program
  o Small Area Fair Market Rents
  o Source of Income protections
How can we better design and deploy legal levers for HEIH?

Levers with potential, but needing evaluation:

• Rent control

• Free legal representation for tenants in eviction hearings
Thoughts from a systems perspective ➔
Levers working together

• LIHTC housing unfettered by QAP and zoning barriers guided by AFFH metro-wide plan

• The goal is to balance the levers to achieve “the perfect sound” – equity
Systematic Experimental Approach to Identifying and Spreading Good Levers Faster

Policy starts as a guess

Research KNOWLEDGE

Experience

Policy surveillance

Refinement and diffusion

EVALUATION

Evidence-based policy
Thank You!

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Policy Polarization & Death in America

Jennifer Karas Montez, PhD

Professor of Sociology
Gerald B. Cramer Faculty Scholar in Aging Studies
Co-Director of the Policy, Place, and Population Health Lab
Syracuse University

10th Anniversary Symposium of the Center for Public Health Law Research, Temple University
September 13, 2019
Life Expectancy in 22 High Income Countries
• Policies & social values
• Physical & social environments
• Social & economic factors
• Public health & medical care systems
• Individual behaviors
Policies and political choices are... “the causes of the causes of the causes of geographical inequalities in health.”

If we ignore them, we are “in danger of missing the bigger picture.”
(Bambra et al 2019)
“the policy regime under which an individual lives is increasingly determined by her state of residence.” (Grumbach 2018)
Life Expectancy in 22 High Income Countries

Gap in LE across US states
Life Expectancy by US State

Smallest Gap in 1984 (4.9 years)

Source: United States Mortality Database
Overall Policy Liberalism by US State

Smallest Gap in 1981

Source: Grumbach 2018
Data from Jake Grumbach

Connecticut

Oklahoma
How much would US life expectancy change if all states enacted the policies of CT or OK?

**Connecticut Policies**
- Women: +2.0 years
- Men: +1.6 years

**Oklahoma Policies**
- Women: -1.2 years
- Men: -0.9 years
How did we get into this mess? And how do we get out?

- Researchers & funders must focus on state policy context
- Greater awareness among public & decision makers about
  - Effect of state policies on health
  - ALEC’s role and their members
- More funding and professionalization for state reps
- Campaign finance limits?
- Coordinated, multi-level, cross-sector, national response

Inequality across states


- ALEC founded 1973
- ALEC successful 1990s+
- Rise in state preemption laws 2008+
Thank you

Acknowledgements
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Disclaimer
All views expressed in this presentation are exclusively those of the presenter.
References


Improving Social Determinants of Health with Public Policy: An Interdisciplinary Research Approach

KA Komro, PhD, MD Livingston, PhD, S Markowitz, PhD & AC Wagenaar, PhD
Emory University Rollins School of Public Health & Dept of Economics

S Burris, JD, L Cloud, JD & H Grunwald, PhD
Temple University Beasley School of Law
Understanding How Law Affects Health
Scientific Contributions from Multiple Disciplines

• Law
• Social & Behavioral Sciences
• Epidemiology
• Economics
• Statistics
Figure A. Final form of the CSDH conceptual framework

WHO Commission on Social Determinants of Health (CSDH, 2010)

1. Minimum Wage Laws
2. Earned Income Tax Credit (EITC)
3. Unemployment Insurance
4. Temporary Assistance for Needy Families (TANF)

R01 funded by the National Institute on Minority Health and Health Disparities, 2015-2020

Social Determinants of Birth Outcomes Conceptual Framework

- Socioeconomic & Political Context
  - Family Economic Security Policies

- Socioeconomic Position
  - Poverty
  - Gender & Racial Discrimination

- Mediators
  - Health Behaviors
  - Toxic Stress Weathering
  - Health Care Access & Quality

- Birth Outcomes
  - Low Birth Weight
  - Preterm Birth
  - Infant Mortality
State earned income tax credits and health: Policy diffusion from 1980 to 2016

Legend:
- No State EITC
- Non-refundable State EITC, less than 10%
- Non-refundable State EITC, 10% or greater and less than 20%
- Non-refundable State EITC, 20% or greater and less than 30%
- Refundable State EITC, less than 10%
- Refundable State EITC, 10% or greater and less than 20%
- Refundable State EITC, 20% or greater and less than 30%
- Refundable State EITC, 30% or greater and less than 40%
- Refundable State EITC, 40% or greater and less than 50%
- Other
Effects of state-level Earned Income Tax Credit laws in the U.S. on maternal health behaviors and infant health outcomes

Sara Markowitz, Kelli A. Komro, Melvin D. Livingston, Otto Lenhart, Alexander C. Wagenaar
Contribution

1. Strong quasi-experimental and longitudinal design
   • state-level EITCs
   • multiple policy changes over 20 years
2. Presence and generosity of state EITCs
   • infant health outcomes
   • possible mechanisms via maternal health behaviors
State EITC

- In 1994, 5 states had an EITC → In 2013, 26 states had an EITC
- State-specific EITC ranges from 3.5% to 40% of the federal amount, varies by number of children and refundability

EITC summary measure

<table>
<thead>
<tr>
<th>Least Generous</th>
<th>Most Generous</th>
</tr>
</thead>
<tbody>
<tr>
<td>States with no EITC</td>
<td>States with an EITC, nonrefundable payments, and payments less than 10% of the federal amount</td>
</tr>
<tr>
<td>States with an EITC, nonrefundable payments, and payments less than 10% of the federal amount</td>
<td>States with an EITC, refundable payments, and payments less than 10% of the federal amount</td>
</tr>
<tr>
<td>States with an EITC, refundable payments, and payments 10% or more of the federal amount</td>
<td>States with an EITC, refundable payments, and payments 10% or more of the federal amount</td>
</tr>
</tbody>
</table>
More generous EITCs associated with reductions in *probability of LBW*

- 0.3 to 0.8 percentage-point reductions
- 4% to 11% reductions
- 4,300 to 11,850 fewer babies born LBW *every year* among women with high school education or less
Fig. 2. Effects of EITC Generosity on Birth Weight Using Unconditional Quantile Regression at 5th through 95th Quantiles. Note: N = 30,780,950. Solid marker indicates point estimate is statistically significant at the 5% level.
Short Report

Effects of changes in earned income tax credit: Time-series analyses of Washington DC

Alexander C. Wagenaar\textsuperscript{a,}\textsuperscript{*}, Melvin D. Livingston\textsuperscript{a}, Sara Markowitz\textsuperscript{b}, Kelli A. Komro\textsuperscript{a}

\textsuperscript{a} Department of Behavioral Sciences and Health Education, Rollins School of Public Health, Emory University, 1518 Clifton Road, NE, GCR 556, Atlanta, GA 30322, USA
\textsuperscript{b} Department of Economics, Emory University, Atlanta, GA, USA
EITC in DC

- Four distinct policy changes over 8 year period
- Percentage of the federal EITC, fully refundable

1990: Study period begins
1995
2000: DC’s EITC initiated at 10%
2005: DC’s EITC increased to 25%
2008: DC’s EITC increased to 35%
2010: DC’s EITC increased to 40%
2015: Study period ends
Effects of EITC on Low Birth Weight

![Graph showing the effects of EITC on low birth weight. The graph includes actual data points, model predictions, and the mean effect over time.](image-url)
Bottom Line: Effects in DC

- 40% tax credit → 40% decrease in low birth weight births from baseline

- Prevents an estimated 349 low-weight births per year in DC
Effects of State-Level Earned Income Tax Credit Laws on Birth Outcomes by Race and Ethnicity

Kelli A. Komro¹,²,* Sara Markowitz³ Melvin D. Livingston¹, and Alexander C. Wagenaar¹
Health Inequities

- Health inequities in birth outcomes by mother’s income, education level and race
  - Percent low birth weight births (2016)
    - Hispanic women: 7% to 9.5%
    - non-Hispanic white women: 7%
    - non-Hispanic black women: nearly 14%
  - Caused by a complex set of social factors across the life course
    - income inequality
    - education achievement gaps
    - residential segregation
    - toxic environment exposures
Results

• Larger beneficial effect among black mothers compared with white mothers for the probability of low birth weight and gestation weeks

• No significant differences in birth outcomes between Hispanic and white mothers
Some 1,047 babies in Georgia a year can be saved from low birth weight if lawmakers pass a Georgia Work Credit, according to Emory University researchers. A new study finds that state tax credits to support low-income working families are linked to better health outcomes for babies.

The research builds on a robust body of evidence that already highlights many health and economic benefits from the federal Earned Income Tax Credit (EITC).

Georgia lawmakers came close to passing a state tax credit to help working families earlier this year, and this move remains on the table for 2018. **Lawmakers can still support working families and boost the health of babies statewide.**

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**The Potential of State Earned Income Tax Credits**

By Kelli Komro and Sara Markowitz

Emory University

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**State EITC as a Percent of Federal EITC for Tax Year 2018**

- **Non-Refundable EITC**
- **Refundable EITC**
- **Unfiled EITC**
- **Net State Tax as EITC**

*1 Increases by 1% for families with children under 5.

*2 The EITC varies in families with 1 child, 1.5% for 2 children, and 24% for 3 or more children.

*3 Increased to 8% in 2018. The chart measures the effect of EITC.

*4 Increased to 6% of AGI.

*5 Tax payers can select either a 20% refundable credit or 50% non-refundable, federal benefit.

*6 Tax payers can select either a 20% refundable credit or the federal benefit.

*7 The EITC is the federal credit for low-income families, which is reduced for those over $5,000.

*8 EITC tax credit increases by 5%.

Sources: National Conference of State Legislatures, Center on Budget and Policy Priorities, Tax Policy Center

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**Econofact**

econofact.com
We’re Just Getting Started

- Minimum wage and birth outcomes
- Minimum wage and EITC interactive effects
- Minimum wage and EITC optimum legal constructions
- TANF effects on maternal, infant and child outcomes
- Exploring differential effects by race/ethnicity
- Additional health outcomes
- Additional policies affecting social determinants
- Continued monitoring and coding of legal changes

Thank You! Kelli
(kkomro@emory.edu)
Immigration Law

- Stress/Trauma
- Barriers to Care
- Barriers to Other SDOH (e.g., Food, Housing)
- Political Division/Discord

Population Health