

New Directions in American Health Care: Innovations from Home and Abroad

Health Reform and Health Equity:
Sharing Responsibility for Health in the United States
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The failures of American health care are familiar to most Americans. Whether these failings exist as abstractions reported by the media or experienced painfully first hand, most Americans view U.S. health care in need of reform. Two failings have received the most attention and for good reason: the escalating costs of American health care, topping \$2 million in 2007, and the ever-growing numbers of uninsured, approaching 50 million in 2009. Far less attention has been paid to yet a third shameful failing: tens of millions of minority and socioeconomically marginalized Americans experience levels of health typical of middle-income or low-income countries. Although many Americans have experienced impressive health gains in the last half century, these gains have not been fairly distributed. Public health research has documented persistent social inequalities in health and by some accounts they are growing.

Health care reform guaranteeing that all Americans have access to timely, quality health care can contribute to closing this gap, but health care alone cannot solve this problem. Social, economic, and environmental policies are key contributors to health and should be viewed as critical components of any health reform agenda committed to health equity. The discourse needs to be broadened from health care reform to health system reform and important lessons can be learned from other industrialized wealthy countries, such as the United Kingdom and Canada, about how to go about it. Recognizing that their collective solutions to health care have not prevented social inequalities in health, these countries have developed and implemented ambitious policy agendas to reduce health inequalities.

Serious challenges face the prospects of a comparable U.S. health policy agenda. They include an idea with a long and robust history in this nation, ‘personal responsibility for health.’ Nonetheless, change may be underfoot. Notably, the new president’s policy platform recognizes health as a “shared responsibility” that requires action by individuals, workplaces, schools, and government. This paper takes up the question of why health

should be treated as a shared responsibility, what that entails for the subjects of responsibility, and what it might look like in practice. I will propose a notion of shared responsibility for health that takes seriously the social determinants of health, yet also underscores the role for individual agency and use it to evaluate the health reform and health promotion policies proposed or underway in the United States. Drawing on examples of activities at the national, state, and local levels—from planting trees in New York City to “personal responsibility” contracts in West Virginia—this paper asks whether they begin to meet the challenge of promoting health for all.