SOCIAL DETERMINANTS OF MENTAL HEALTH AND FIRST EPISODE PSYCHOSIS: SEEKING MENTAL HEALTH EQUITY

Ruth S. Shim, MD, MPH Luke & Grace Kim Professor in Cultural Psychiatry Associate Dean of Diverse and Inclusive Education University of California, Davis School of Medicine

LEARNING OBJECTIVES

- Define key concepts associated with the social determinants of mental health
- Evaluate recent evidence of the role of social determinants in driving first episode psychosis outcomes
- Identify solutions for achieving greater equity in first-episode psychosis outcomes

A BRIEF HISTORY OF THE SOCIAL DETERMINANTS OF HEALTH

DISEASES OF THE POPULACE TRACEABLE TO DEFECTS IN SOCIETY?"

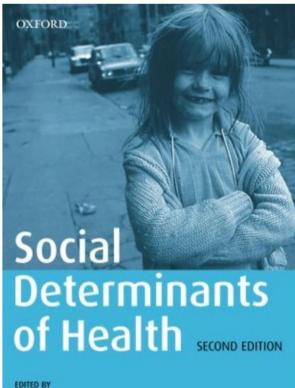
-Rudolf Virchow

"IF MEDICINE IS TO FULFILL HER GREAT TASK, THEN SHE MUST ENTER THE POLITICAL AND SOCIAL LIFE. DO WE NOT ALWAYS FIND THE

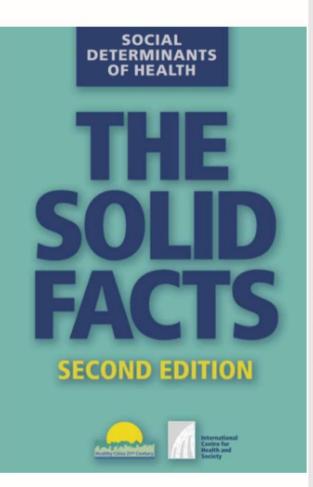


HEALTH

A complete state of physical, mental, and social well-being, and not merely the absence of disease



Michael Marmot and Richard G. Wilkinson



commission on Social Determinants of Health FINAL REPOR





Closing the gap generation



"SOCIAL JUSTICE IS A MATTER OF LIFE AND DEATH, IT AFFECTS THE WAY PEOPLE LIVE, THEIR CONSEQUENT CHANCE OF

ILLNESS, AND THEIR RISK OF PREMATURE DEATH."

-Executive Summary, Closing the Gap In a Generation: Health Equity Through Action on the Social Determinants of

Health

A New Way to Talk About THE SOCIAL DETERMINANTS OF HEALTH













All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.

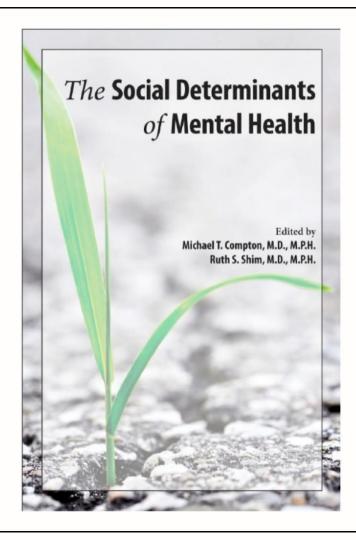
Your neighborhood or job shouldn't be hazardous

- to your health.
- Your opportunity for health starts long before you need medical care.
- 5 Health begins where we live, learn, work and play.
- The opportunity for health begins in our families, neighborhoods, schools and jobs.

if org

Social Determinants of Health





SOCIAL (IN)JUSTICE AND MENTAL HEALTH

Edited by

Ruth S. Shim, M.D., M.P.H. Sarah Y. Vinson, M.D.

KEY CONCEPTS

HEALTH-RELATED SOCIAL NEEDS

Social and economic needs that individuals experience that affect their ability to maintain their health and well-being.

These include needs such as employment, affordable and stable housing, healthy food, personal safety, transportation, and affordable utilities.

Social determinants of health refer to community-level factors, while health-related social needs refer to individual-level factors, both of which impact an individual's health and well-being

THE SOCIAL DETERMINANTS OF HEALTH

The societal, environmental, and economic conditions that impact and affect mental health outcomes across various populations

These conditions are shaped by the distribution of money, power, and resources at global, national, and local levels, which are themselves influenced by policy choices

The social determinants of health are **prominently responsible for health disparities and inequities** seen within and among populations

HEALTH DISPARITIES:

OF THE POPULATION INCLUDING DIFFERENCES THAT OCCUR BY GENDER, RACE OR ETHNICITY, EDUCATION OR INCOME, DISABILITY, OR LIVING IN VARIOUS GEOGRAPHIC LOCALITIES

DISPARITIES IN HEALTH THAT ARE A RESULT OF SYSTEMIC, AVOIDABLE, AND UNJUST SOCIAL

HEALTH INEQUITIES:

SYSTEMIC, AVOIDABLE, AND UNJUST SOCIAL AND ECONOMIC POLICIES AND PRACTICES THAT CREATE BARRIERS TO OPPORTUNITY

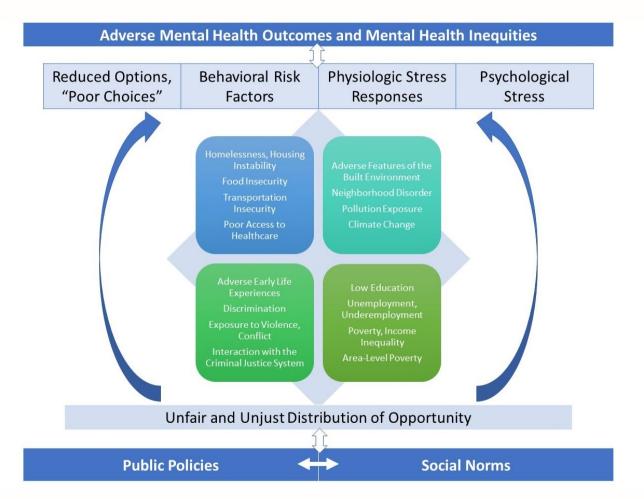
DEFINING SOCIAL JUSTICE

THE DISTRIBUTION OF GOOD (ADVANTAGES) AND BAD (DISADVANTAGES) IN SOCIETY, AND MORE SPECIFICALLY HOW THESE THINGS SHOULD BE DISTRIBUTED IN SOCIETY. IT IS CONCERNED WITH THE WAYS THAT RESOURCES ARE ALLOCATED TO PEOPLE BY SOCIAL INSTITUTIONS.

-David Miller

ASSURING THE PROTECTION OF EQUAL ACCESS TO LIBERTIES, RIGHTS, AND OPPORTUNITIES, AS WELL AS TAKING CARE OF THE LEAST ADVANTAGED MEMBERS OF SOCIETY.

-John Rawls



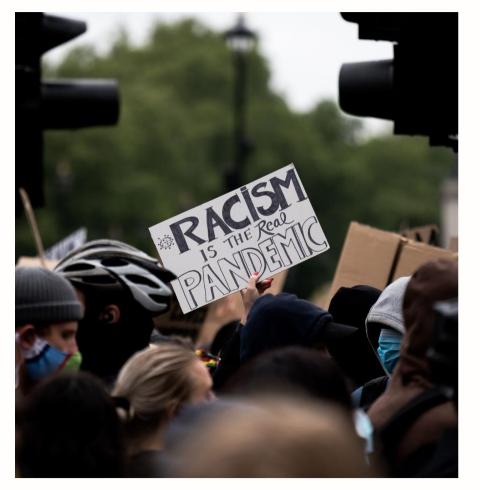
US POLICIES ARE "DELIBERATELY DESIGNED TO REMOVE BASIC PROTECTIONS FROM THE POOREST, PUNISH THOSE WHO ARE NOT IN EMPLOYMENT, AND MAKE EVEN BASIC HEALTH CARE INTO A PRIVILEGE TO BE EARNED RATHER THAN A RIGHT OF CITIZENSHIP."

Philip Alston - Special Rapporteur on Extreme Poverty and Human Rights in the United States

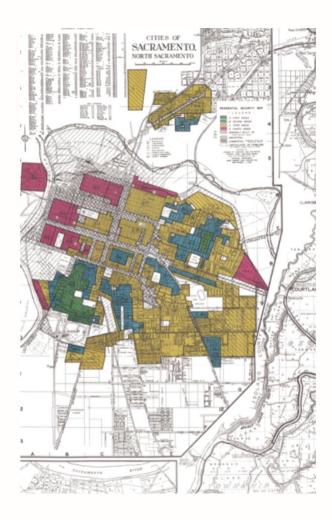


STRUCTURAL RACISM

A SYSTEM IN WHICH PUBLIC POLICIES, INSTITUTIONAL PRACTICES, CULTURAL REPRESENTATIONS, AND OTHER NORMS WORK IN VARIOUS, OFTEN REINFORCING WAYS TO PERPETUATE RACIAL GROUP INEQUITY.



https://www.aspeninstitute.org/blog-posts/structural-racism-definition/



THIS SYSTEM IDENTIFIES
DIMENSIONS OF OUR
HISTORY AND CULTURE THAT
HAVE ALLOWED PRIVILEGES
ASSOCIATED WITH
WHITENESS AND
DISADVANTAGES ASSOCIATED
WITH COLOR TO ENDURE AND
ADAPT OVER TIME

STRUCTURAL RACISM IS
NOT SOMETHING THAT A
FEW PEOPLE OR
INSTITUTIONS CHOOSE
TO PRACTICE. INSTEAD, IT
HAS BEEN A FEATURE OF
THE SOCIAL, ECONOMIC,
AND POLITICAL SYSTEMS
IN WHICH WE ALL EXIST

STRUCTURAL MECHANISMS
DO NOT REQUIRE THE
ACTIONS OR INTENTIONS
OF OTHERS



EVEN IF INTERPERSONAL DISCRIMINATION WAS ELIMINATED TODAY, RACIAL AND ETHNIC INEQUITIES WOULD REMAIN DUE TO PERSISTENCE OF STRUCTURAL RACISM

TYPES OF OPPRESSION

Exploitation

The unequal exchange of one group's labor and energies for another group's advantage and advancement

Cultural Imperialism

Establishing the ruling class culture as the norm; othering of groups that are not part of the dominant culture

Powerlessness

Oppressed groups lack power and are blocked from routes to gaining power

Marginalization

Expelling specific groups from meaningful participation in society

Violence

Threats and experiences of physical and structural violence

HOW STRUCTURAL RACISM IMPACTS HEALTH



"The War on Drugs"



Residential Segregation



Immigration Policy



Social Security Act of 1935



Mental Healthcare



TIMELINE OF SCHIZOPHRENIA SYMPTOM CLASSIFICATION

DSM-I conceptualized schizophrenia as a disease of "weaker minds," "sensitive dispositions," and "personality disintegration" 1950s - Discovery of antipsychotics

1987 - DSM-III-R introduced schizophrenia subtypes; paranoid subtype described "unfocused anxiety, anger, argumentativeness, and violence"

1950s - Schnieder proposed greater focus on hallucinations and delusions (first-rank symptoms) 1968 - DSM-II emphasized first rank symptoms, emphasizing "inappropriate emotional responsiveness," "loss of empathy," and "bizarre behaviors"

2013 - DSM-5 removed subtypes

PRIOR TO THE EARLY 1960S, PSYCHIATRISTS'
ASSESSMENTS OF SYMPTOMS OF MENTAL
ILLNESS AT IONIA STATE HOSPITAL INCLUDED:

"WASN'T ABLE TO TAKE CARE OF HER FAMILY AS SHE SHOULD" "CAN'T DO HER HOUSEWORK" "TALKED TOO LOUDLY AND EMBARRASSED HER HUSBAND"

"PERHAPS [SHE] REBELLED AGAINST A
PATRIARCHAL SYSTEM, AND A PATRIARCHAL
DIAGNOSIS, THAT ALLOWED WHITE MALE
DOCTORS AND HER WHITE MALE HUSBAND TO
BE THE ARBITERS OF HER MENTAL HEALTH...
HOWEVER,THE MOST IMPORTANT ASPECT...IS
THAT [HER] DEFIANCE WAS INTERPRETED AS A
SYMPTOM BUT NOT AS A THREAT."



You can't set her free. But you can help her feel less anxious.

You know this woman

She's anxious, tense, irritable. She's felt this way for months.

Beset by the semingly insurmountable problems of resings a young tank), and comings to the home mode of the time, be any unphrase feels a serve of immediation. Your reassurance and gouldance may have helped some, but not enough control, the property of t

Indicated in anxiety, tension, agitation, irritability, and anxiety associate with depression.

May be used in a broad range of patients, generally with considerable dosage flexibility.

Contraindications: History of previous hypersensitivity to oxizepam. Oxizepam is not

Precurious: I typotherais or neafflows are rare, faul use with couloms where complications comported by the property of the

Not indicated in children under 6 years, absolute douge for the 12 year-olds not established. Side Effects: Therepointerrupting deletions are deletion are not resistant will discovering in common intellety in persistent, reduce disease. Discovers, vertige and headable have also occurred controlled in perjecting salation. Micro (fifther stables (medicaller) under salation (micro) cardinar salation. Effort of the salation (micro) cardinar salation. Effort in micro) cardinar intellegistic salation. Micro (fifther stables (medicallers, unforcated salation stables) cardinary intellegistic salation. Micro (micro) cardinary cardinary salation. Micro (micro) cardinary cardinary cardinary salation. Micro (micro) cardinary ca

These side reactions, noted with related compounds, are not yet reported; paradoxikul exetion with sever rage reactions, hallunitations, menstraul irregularities, change in EEG patte blood dyscrasias (including agranulocytosis), blurred vision, diplopts, incontinence, stup disperientation, lever, euphoria and dysmetria.

Availability: Capsules of 10, 15 and 30 mg. oxazepan

To help you relieve anxiety and tension



"AT THE TIME, COMMON CONCEPTUALIZATIONS OF SCHIZOPHRENIA DID NOT INCLUDE SYMPTOMS OF PARANOIA, AGGRESSION, OR HOSTILITY. INSTEAD, SCHIZOPHRENIA WAS CONCEPTUALIZED AS A DISEASE RESULTING FROM EARLY-LIFE PSYCHOLOGICAL TRAUMA, OFTEN COMMITTED AT THE HANDS OF A SCHIZOPHRENOGENIC MOTHER."

The "Protest" Psychosis

A Special Type of Reactive Psychosis

Walter Bromberg, MD, and Franck Simon, PhD, Brooklyn, NY

THE PURPOSE of this paper is to identify a specific type of reactive psychosis related in part to recent social-political events. It is well known that of the external stresses that trigger many psychotic reactions, the content of the clinical picture may be colored by or formed of political events of national or international import. Thus, delusional schizophrenics complained of Bolshevik persecution in the 1920's and interference by space figures in the 1960's. In the reactive psychosis particularly, a close relation exists between external stresses and the explicated clinical syndrome.

criminal trial, or following conviction and sentencing in a criminal trial. The particular symptomatology we have observed, for which the term "protest psychosis" is suggested, is influenced by social pressures (the Civil Rights Movement), dips into religious doctrine (the Black Musslim Group), is guided in content by African subcultural ideologies and is colored by a denial of Caucasian values and hostility thereto. This protest psychosis among prisoners is virtually a repudiation of "white civilization."

The cases to be presented characteristically arise among American Negroes who

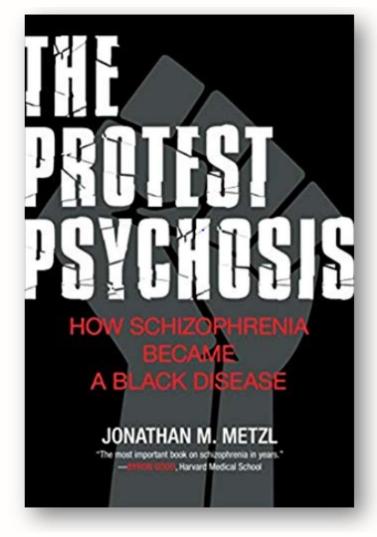
TERM COINED TO DESCRIBE A REACTIVE PSYCHOSIS ARISING IN BLACK MALES AS A RESULT OF "THE STRESS OF ASSERTING CIVIL RIGHTS IN THE US." **BROMBERG AND SIMON (1968)** LIKENED SYMPTOMS TO SCHIZOPHRENIA. PARANOID TYPE, BUT ALSO DESCRIBED HALLUCINATIONS OF AFRICAN

THEMES, ADOPTION OF ISLAMIC **DOCTRINE, AND PROMOTION** OF ANTI-WHITE MINDSETS

THE PROTEST PSYCHOSIS, BIOLOGICAL DETERMINISM, AND ERASURE OF CONTEXT

- Researchers claimed that Black psychiatric patients had higher measures of hostility than white psychiatric patients, stemming from "delusional beliefs that their civil rights were being compromised or violated."
- Large-scale pathologizing of the tenets of the civil rights **movement** by equating these ideas with paranoid delusions allowed certain sectors of society a mechanism for removing threats to the status quo in the name of safety and mental health

BROMBERG AND SIMON
HYPOTHESIZED THAT THE PROTEST
PSYCHOSIS "JOINS WITH A RACIAL
UNCONSCIOUS IDENTIFICATION TO
ATTACK THE TRADITIONAL VALUES
ESTABLISHED BY WHITE
HUMANITY."



Assaultive and belligerent?



Cooperation often begins with HALDOL (haloperidol)

a first choice for starting therapy

Acts promptly to control aggressive, assaulting behavior

Benefit majors been consisted that gains' arthrosomous at being (15%). The provides the consistency of the c

Usually leaves patients relatively alert and responsive

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Reduces risk of serious adverse reactions

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Published online 1 July 2015 in Wiley Online Library (wileyonlinelibrary.com) DOI: 10.1002/pds.3819

ORIGINAL REPORT

Persistence of racial disparities in prescription of first-generation antipsychotics in the USA

Thomas B. Cook1*, Gloria M. Reeves2, James Teufel1 and Teodor T. Postolache2,3,4

ABSTRACT

Purpose The aim of this study was to estimate the prevalence of first-generation antipsychotics (FGA) prescribed for treatment of psychiatric and neurological conditions and use of benztropine to reduce extrapyramidal side effects (EPS) by patient race/ethnicity in a nationally representative sample of adult outpatient visits.

Methods The study sample included all outpatient visits (N=8154) among patients aged 18-69 years where a prescription for one or more antipsychotics was recorded across 6 years of the National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey (2005-2010). Use of FGA was compared by race/ethnicity using multiple logistic regression models accounting for patient and clinical characteristics stratified by neighborhood poverty rate. Frequency of EPS was determined by use of benztropine to reduce or prevent EPS.

Results Black patients were significantly more likely than White patients to use FGA (odds ratio = 1.48, p = 0.040) accounting for psychiatric and neurological diagnoses, treatment setting, metabolic factors, neighborhood poverty, and payer source. Black patients were more than twice as likely as White patients to receive higher-potency FGA (haloperidol or fluphenazine), particularly in higher-poverty areas (odds ratio = 2.50, p < 0.001). Use of FGA, higher among Black than White patients, was positively associated with use of benztropine to reduce EPS.

Conclusions Racial disparities in the pharmacological treatment of severe mental disorders persist 30 years after the introduction of second-generation antipsychotics. The relatively high frequency of FGA of use among Black patients compared with White patients despite more Food and Drug Administration-approved indications and lower EPS risk for second-generation antipsychotics requires additional research. Copyright © 2015 John Wiley & Sons, Ltd.

KEY WORDS—antipsychotics; racial disparities; prescribing patterns; pharmacoepidemiology

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Ethnicity and Diagnosis in Patients With Affective Disorders

Stephen M. Strakowski, M.D.;

Paul E. Keck, Jr., M.D.; Lesley M. Arnold, M.D.; Jacqueline Collins, M.D.; Rodgers M. Wilson, M.D.; David E. Fleck, Ph.D.; Kimberly B. Corey, M.A.; Jennifer Amicone, M.S.W.; and Victor R. Adebimpe, M.D.

Background: Clinically, African American psychiatric patients are disproportionately diagnosed with schizophrenia compared with white patients. Why this occurs is unknown. Extending prior work, the authors hypothesized that first-rank symptoms distract clinicians so that they fail to identify affective disorders in African Americans.

Method: 195 African American and white patients with at least 1 psychotic symptom (delusions, hallucinations, or prominent thought disorder) at admission were recruited from January 1, 1998, through May 31, 2001. Each patient received 3 independent DSM-IV diagnoses: a clinical diagnosis, a structured-interview diagnosis, and an expert-consensus diagnoses in the expert-consensus diagnoses where derived from the structured interviews. Which were audio-

Received July 11, 2002; accepted Nov. 12, 2002. From the Bipolar and Psychotic Disorders Research Program, Department of Psychiatry, University of Cincinnati College of Medicine, Cincinnati, Ohio (Drs. Strukowski, Keck, Arnold, Collins, Wilson, and Fleck and Mss. Corey and Amicone); and the Department of Psychiatry, Rush Medical College (Dr. Wilson) and Mercy Providence Hospital (Dr. Adebimpe), Pittsburgh, Pa.

Supported by National Institute of Mental Health award MH56352. Dr. Keck is a consultant for Abbott, AstraZeneca, Bristol-Myers Squibb, Eli Lilly, GlaxoSmithKline, Janssen, Ortho-McNeil, Pfizer, and Shire and has received grantfresearch support from AstraZeneca, Bristol-Myers Squibb, Eli Lilly, Ortho-McNeil, Merck, Pfizer, and UCB Pharma.

The authors thank Mary Fariello, who organized the data collection for this project, and Kelly Wilder-Willis, Ph.D., for help with some diagnostic assessments.

Corresponding author and reprints: Stephen M. Strakowski, M.D., Director, Bipolar and Psychotic Disorders Research Program, Department of Psychiatry, University of Cincinnati College of Medicine, Cincinnati, OH 45267-0559 (e-mail: strakosm@email.uc.edu), In 1980s and 1990s, Black men were diagnosed with paranoid schizophrenia at a rate 5-7 times that of White men

A Naturalistic Study of Racial Disparities in Diagnoses at an Outpatient Behavioral Health Clinic

Michael A. Gara, Ph.D., Shula Minsky, Ed.D., Steven M Silverstein, Ph.D., Theresa Miskimen, M.D., Stephen M. Strakowski, M.D.

Objective: The authors examined electronic medical record (EMR) outpatient data to determine whether African Americans with schizophrenia or schizoaffective disorder were more likely than non-Latino whites to screen positive for major depression.

Methods: EMR data for 1,657 patients at Rutgers University Behavioral Health Care certified community outpatient clinics were deidentified and accrued for 9 months starting July 1, 2017. A Fisher's exact test was used to compare differences in the proportion of patients with positive screens for major depression (cutoff score of ≥15 on the nine-item Patient Health Questionnaire) among African-American and

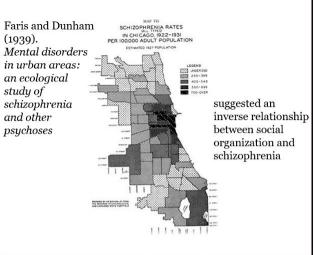
(p<.003) to screen positive for major depression. The between-group difference in positive screens was not significant among patients diagnosed as having schizoaffective disorder.

Conclusions: The results are consistent with findings from a large body of literature suggesting that racial differences in the diagnosis of schizophrenia in the United States result in part from clinicians underemphasizing the relevance of mood symptoms among African Americans compared with other racial-ethnic groups. If the results are replicated, a case could be made that routine screen-

TODAY...BLACK PATIENTS ARE MORE LIKELY THAN WHITE PATIENTS TO BE:

- Considered higher risk for violence
- Hospitalized involuntarily
- Secluded and restrained

- Administered higher doses of antipsychotics
- Administered medications against their will



(1939).

study of

and other

psychoses

an ecological

schizophrenia

Carrie E. Bearden, PhD: Benson S. Ku. MD

From Womb to Neighborhood: A Racial Analysis of Social Determinants of Psychosis in the United States

Deidre M. Anglin, Ph.D., Sabrina Ereshefsky, Ph.D., Mallory J. Klaunig, Ph.D., Miranda A. Bridgwater, B.S., Tara A. Niendam, Ph.D., Lauren M. Ellman, Ph.D., Jordan DeVvlder, Ph.D., Griffin Thaver, M.A., Khalima Bolden, Ph.D., Christie W. Musket, M.S., Rebecca E. Grattan, Ph.D., Sarah Hope Lincoln, Ph.D., Jason Schiffman, Ph.D., Emily Lipner, M.A., Peter Bachman, Ph.D., Cheryl M. Corcoran, M.D., Natália B. Mota, M.D., Els van der Ven, Ph.D.

nomic systems of society significantly influence psychosis risk through proxies, such as racial minority and immigrant statuses, has been studied more extensively in European countries. While there are existing international reviews of social determinants of psychosis, none to the authors' knowledge focus on factors in the U.S. context specifi-

The authors examine U.S.-based evidence that connects

characteristics of the social environment with outcomes

across the psychosis continuum, from psychotic experiences

to schizophrenia. The notion that inequitable social and eco-

factors, cumulative trauma and stress, and prenatal and perinatal complications were three key areas selected for review because they reflect social and environmental conditions that may affect psychosis risk through a common pathway shaped by structural racism. The authors describe evidence showing that Black and Latino people in the United States suffer disproportionately from risk factors within these three key areas, in large part as a result of racial discrimination and social disadvantage. This broad focus on individual and

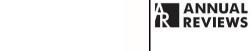
cal models and a review of the literature. Neighborhood

Association of Childhood Area-Level Ethnic Density and Psychosis Risk Among Ethnoracial Minoritized Individuals in the US

Deidre M. Anglin, PhD: Adriana Espinosa, PhD; Jean Addington, PhD; Kristin S. Cadenhead, MD; Tyrone D. Cannon, PhD; Barbara A. Cornblatt, PhD, MBA; Matcheri Keshavan, MD; Daniel H. Mathalon, MD, PhD; Diana O. Perkins, MD; William Stone, PhD; Ming Tsuang, MD; Scott W. Woods, MD; Elaine Walker, PhD;

IMPORTANCE The protective ethnic density effect hypothesis, which suggests that minoritized individuals who grow up in neighborhoods with a high proportion of ethnoracial minoritized groups are protected from the effects of perceived discrimination, has not been examined among individuals at clinical high risk of psychosis (CHR-P). This level of examination may help identify intervention targets for preventing psychosis among high-risk

individuals. **OBJECTIVE** To examine the association between area-level ethnic density during childhood, perceived discrimination, and psychosis risk outcomes among ethnoracial minoritized



Supplemental content

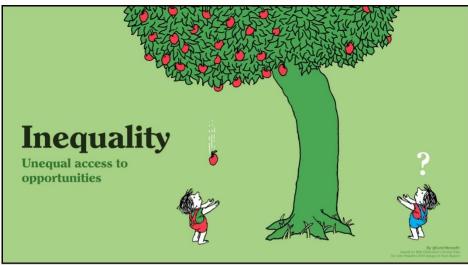
Annual Review of Clinical Psychology Racism and Social Determinants of Psychosis

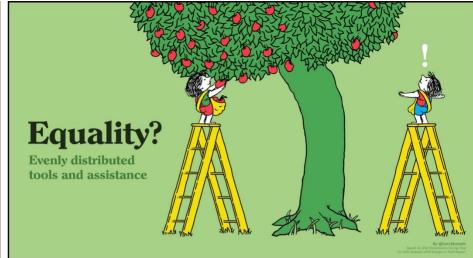
Deidre M. Anglin^{1,2}

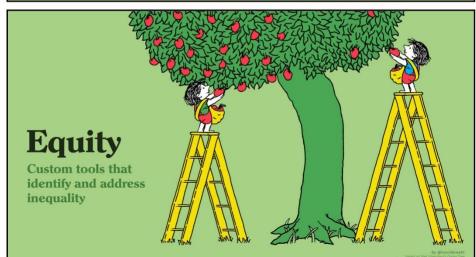
¹Department of Psychology, The City College of New York, City University of New York New York, NY, USA; email: danglin@ccny.cuny.edu

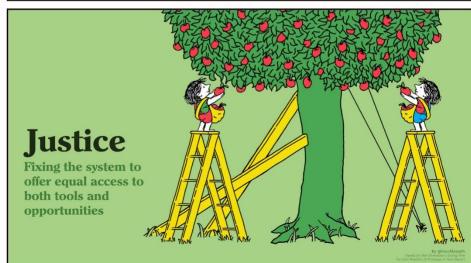
²The Graduate Center, City University of New York, New York, NY, USA

CONSIDERING SOLUTIONS











PROMOTING SOCIAL NORMS OF INCLUSION, EQUITY, AND RESPECT

- 1 | Promote narrative change that prioritizes inclusion and respect of all people
- 2 | Educate or legislate to change negative social norms

- Observe and challenge your implicit biases
- 4 Evaluate and break down unnecessary hierarchies



"DEFINITIONS BELONG TO THE DEFINERS, NOT THE DEFINED."

-Toni Morrison

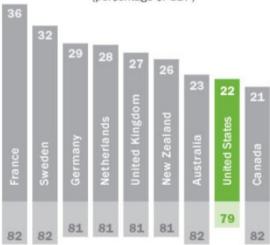
PUBLIC POLICIES: "ALL POLICIES ARE HEALTH POLICIES"

- 1 | Take action beyond the walls of clinics, hospitals, and treatment centers
- Advocate for policies that address social determinants of mental health
- Communicate with elected officials and promote equitable representation
- Form cross-sector collaborations and community coalitions (centering voices of people with lived experience)

People live longer in countries that spend more on "Social care" programs* that support health

Social care spending

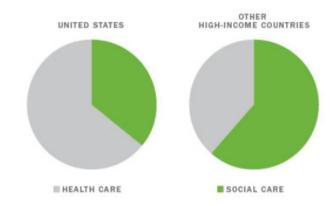
(percentage of GDP)



Life expectancy

The United States is the only country that spends more treating health issues

vs social care programs





[&]quot;Social care" includes programs like education, retirement benefits, housing assistance, employment programs, disability benefits, food security

"IN DIVERSITY THERE IS BEAUTY AND THERE IS STRENGTH."

-Maya Angelou

