

**PUTTING IT ALL
TOGETHER: SOME
FINAL THOUGHTS**



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References



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- ▶ Braveman PA, Egerter SA, Williams DR. The social determinants of health: Coming of age. *Annual Review of Public Health* 2011;32:381-398.
- ▶ Robert Wood Johnson Foundation. *A New Way to Talk About Social Determinants*.

Social factors and health



The field of social determinants of health is coming of age in many ways. Increased attention is being paid, within and beyond academic institutions, to the strong and pervasive links between social and economic factors and health. There is a growing recognition that health-related behaviors and medical care do not occur within a vacuum. There is evidence from decades of investigation that social disadvantage (with regard to income, education, occupation, other factors) is linked to less positive health outcomes, i.e., poorer health.

Influences



- ▶ Neighborhood conditions
- ▶ Working conditions
- ▶ Education
- ▶ Income and wealth
- ▶ Race and racism
- ▶ Stress, anxiety, and depression
- ▶ Others?

We have, in the course of these modules, discussed all of these influences – that is, the physiological and psychological influences on health that occur because of neighborhood conditions, working conditions, education and health literacy, income, race and racism, discrimination, psychological conditions such as stress, anxiety and depression – and likely many others.

Life stage approach



- ▶ Influences occur throughout life
- ▶ Accumulating advantage/disadvantage
 - ▶ Social
 - ▶ Health

Upstream social factors influence health at each stage of life, with accumulating social advantage or disadvantage and health advantage or disadvantage over time.

Knowledge gaps



- ▶ Know little about effective ways to address social factors
 - ▶ When, where, how to intervene
- ▶ Limited ability to measure
- ▶ Limited research funding
- ▶ Limited public health funding

With all we know about the influences of social determinants on health, there is still a lot that we do not yet know. With a few exceptions, we know little about how to address social factors – when, where and how to intervene. To make it more complicated, our ability to measure those upstream social factors is somewhat limited. Research funding – and just as important, public health funding -- are more and more limited, so our ability to develop those measurements, to ask and answer important when/where/how intervention questions is hampered, and to then translate research findings into public health practice is also limited.

What can we do?



- ▶ Monitor changes in distributions of key social determinants
- ▶ Test multidimensional interventions
 - ▶ Study social determinants and their interactions with biomedical factors
- ▶ Address societal barriers to translating knowledge to action
 - ▶ Increase public and policy-maker awareness

What can we, as public health practitioners, do? Three things immediately come to mind – you may think of others. First, we need to monitor change in the distributions of key social determinants of health so that we can anticipate the more downstream effects and be prepared. Second, we need to design, implement, and evaluate multi-dimensional programs – programs that target multiple levels of the socioecological model for maximum effect. And we must address the societal barriers to translating knowledge to action . We have to increase public and policy-maker awareness of unacceptable conditions and the potential influence these upstream factors are likely to have on health and wellbeing of the population.

RWJF: A New Way to Talk About Social Determinants of Health



- ▶ Ongoing process of developing and testing messages
- ▶ Recommended reading

The Robert Wood Johnson Foundation has recently published a monograph entitled “A New Way to Talk About Social Determinants of Health.” It talks about their ongoing process of developing and testing messages related to social determinants and health. We recommend it highly for all public health practitioners.

Keys to Effective Messaging on Social Determinants



- ▶ Americans
 - ▶ Do not spontaneously consider social influences on health.
 - ▶ Do recognize social factors and see their importance when primed.
 - ▶ Do not resonate with the language of "social determinants"
 - ▶ Do resonate with the core construct

Quoting from the report: "Americans...do not spontaneously consider social influences on health. They tend to think about health and illness in medical terms, as something that starts at the doctor's office, the hospital, or the pharmacy. They recognize the impact of health care on health, and spontaneously recognize the importance of prevention, but they do not tend to think of social factors that impact health."

"They do, however, recognize social factors and see their importance when primed. Raising awareness of social factors is not difficult, although people more readily recognize voluntary behaviors that cause illness (e.g., smoking, overeating) than arbitrary or social factors (e.g., race, ethnicity, income)."

"Americans...do not resonate with the language of "social determinants of health," but they do resonate with the core construct. When presented with the compelling narratives, Americans recognize the importance of both the social context and health disparities."

Keys, continued



- ▶ Messages that sway are
 - ▶ Values-based
 - ▶ Emotion-laden
 - ▶ Not academic
- ▶ Messages must be written to
 - ▶ Avoid victim-blaming
 - ▶ Emphasize the importance of personal responsibility
 - ▶ Mix conservative and progressive values

“Messages that sway Americans...are values-based and emotion-laden, not overly academic. Messages that sway...describe both facts and policy descriptions at a moderate level of specificity—that is, at the level of principles or examples, not specific policy prescriptions or 10-point plans.”

“Americans consciously believe in equal opportunity to health, but messages that describe disparities evoke negative reactions unless written carefully to avoid victim-blaming and to emphasize the importance of people exercising personal responsibility. Messages about disparities trigger unconscious prejudice unless carefully constructed to redefine ‘them’ as ‘us.’”

“Messages that mix traditionally conservative values (e.g., the value of small business) with traditional progressive values (e.g., equal opportunity) tend to fare better in speaking to health disparities. Starting right and moving left is important in connecting with conservative Americans, who tend to believe that hierarchies are natural and reflect poor choices, bad judgement or bad behavior.”

▶ Health begins where we LIVE, LEARN, WORK, and PLAY.



▶ We must look at factors outside of the medical care system that impact how healthy – or unhealthy – we are. We create new opportunities for better health by investing in health where it starts – in our homes, schools, and jobs.

Robert Wood Johnson Foundation

To summarize from the Robert Wood Johnson Foundation:

Health begins where we LIVE, LEARN, WORK, and PLAY. We must look at factors outside of the medical care system that impact how healthy – or unhealthy – we are. We create new opportunities for better health by investing in health where it starts – in our homes,

schools, and jobs.

I hope this series of modules has helped you – and will continue to help you – think about these issues.

Thought questions



- ▶ What did you read or hear in this discussion that was new information for you?
- ▶ What surprised or challenged you?
- ▶ What did you agree with or disagree with and why?
- ▶ How does this information make sense in terms of your work in the field of public health?