

Responding to the Social Determinants of Health

Dr Pritpal S Tamber

Independent Researcher & Consultant in Community Health

Nebraska Hospital Association

October 20th, 2021



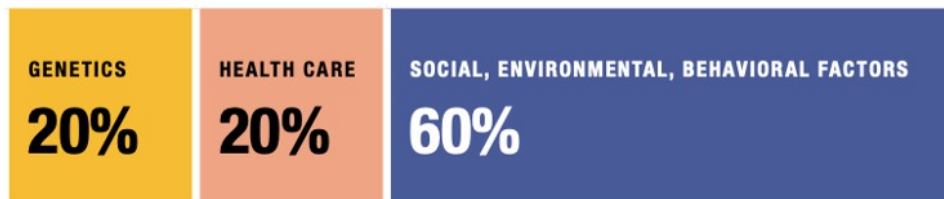
McGinnis JM, Foege WH. Actual causes of death in the United States. JAMA. 1993 Nov 10;270(18):2207-12. PMID: 8411605.

“The most prominent contributors to mortality in the United States in 1990 were tobacco (an estimated 400,000 deaths), diet and activity patterns (300,000), alcohol (100,000), microbial agents (90,000), toxic agents (60,000), firearms (35,000), sexual behavior (30,000), motor vehicles (25,000), and illicit use of drugs (20,000).”

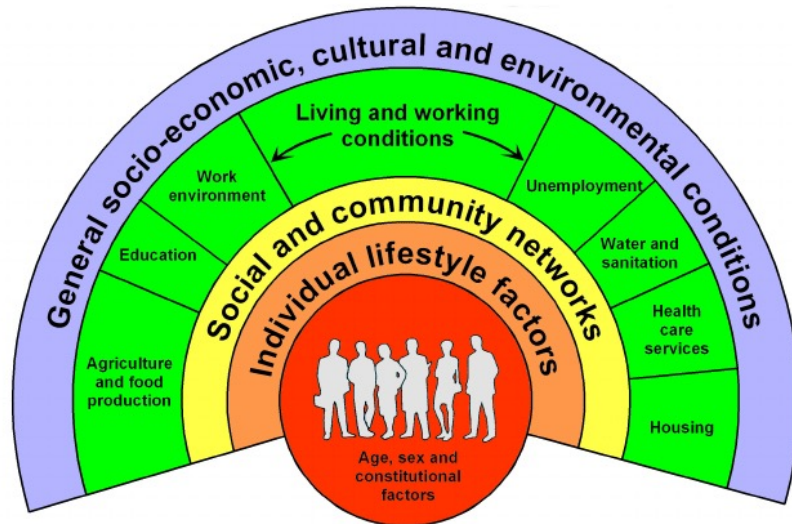
McGinnis JM, Williams-Russo P, Knickman JR. The case for more active policy attention to health promotion. Health Aff (Millwood). 2002 Mar-Apr;21(2):78-93. doi: 10.1377/hlthaff.21.2.78. PMID: 11900188.

“Following a brief review of the determinants of population health—genetic predispositions, social circumstances, environmental conditions, behavioral patterns, and medical care—this paper explores some of the factors inhibiting policy attention and resource commitment to the nonmedical determinants of population health and suggests approaches for sharpening the public policy focus to encourage disease prevention and health promotion.”

WHAT DETERMINES HEALTH?
(ADAPTED FROM MCGINNIS ET AL., 2002)



Lauren A. Taylor, Caitlin E. Coyle, Chima Ndumele, Erika Rogan, Maureen Canavan, Leslie Curry, and Elizabeth H. Bradley. June 2015. Leveraging the Social Determinants of Health: What Works?
<https://www.bluecrossmafoundation.org/publication/leveraging-social-determinants-health-what-works>



Source: Dahlgren and Whitehead, 1991

First published in G. Dahlgren, M. Whitehead. 1991. Policies and strategies to promote social equity in health. Institute for Futures Studies, Stockholm, Sweden



US Department of Health and Human Services > Office of Disease Prevention and Health Promotion
<https://health.gov/healthypeople>

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				
Health Outcomes Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations					

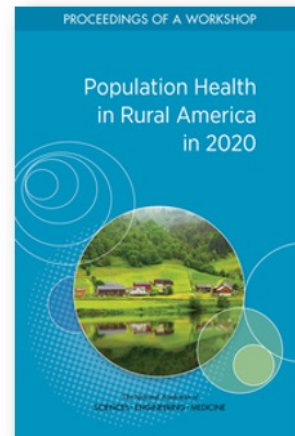


Samantha Artiga and Elizabeth Hinton. May 10, 2018. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity
<https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

Structural Urbanism

“A bias toward large population centers that emerges from a focus on individuals rather than infrastructure when designing health care and public health interventions.”

Janice Probst
Rural & Minority Health Research Center
Arnold School of Public Health
University of South Carolina



Population Health in Rural America in 2020 - A Workshop

<https://www.nationalacademies.org/our-work/population-health-in-rural-america-in-2020-a-workshop>

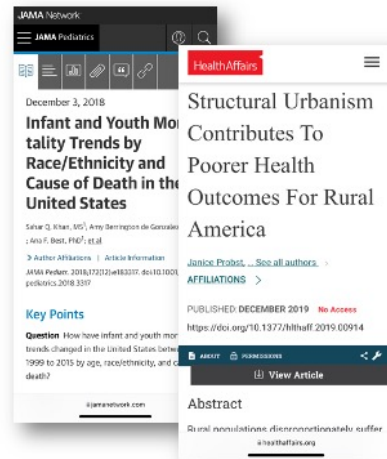
For an excellent overview of the social determinants of health in rural environments, see:

Social Determinants of Health: Challenges & Opportunities in Rural America

<https://www.ruralhealthresearch.org/webinars/sdoh-in-rural-populations>

Structural Urbanism in Healthy People 2020

- Khan *et al*: National targets for child mortality had been met for four out of five age groups
- Probst *et al*: Subgroup analysis of mortality rates for rural youth shows that the targets have not been met in *any* of the five age groups



Khan SQ, Berrington de Gonzalez A, Best AF, Chen Y, Haozous EA, Rodriguez EJ, Spillane S, Thomas DA, Withrow D, Freedman ND, Shiels MS. Infant and Youth Mortality Trends by Race/Ethnicity and Cause of Death in the United States. JAMA Pediatr. 2018 Dec 1;172(12):e183317. doi: 10.1001/jamapediatrics.2018.3317. Epub 2018 Dec 3. PMID: 30285034; PMCID: PMC6583035.

Probst J, Eberth JM, Crouch E. Structural Urbanism Contributes To Poorer Health Outcomes For Rural America. Health Aff (Millwood). 2019 Dec;38(12):1976-1984. doi: 10.1377/hlthaff.2019.00914. PMID: 31794301.



The three 'additional' determinants of health were provided by Allen J Smart, Advisor to Philanthropy and Non-Profits at PhilanthropywoRx
<https://www.linkedin.com/in/allensmart/>

[Home](#) | [Community Health](#) | [News](#) | [Announcing \\$200M impact investment to address housing crisis](#)

May 18, 2018

Announcing \$200M impact investment to address housing crisis

Kaiser Permanente will also partner with U.S. mayors and CEOs to take on the problem of homelessness.



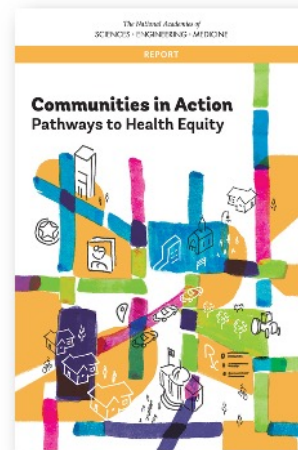
A sister and brother sitting on the steps outside their house

Announcing \$200M impact investment to address housing crisis

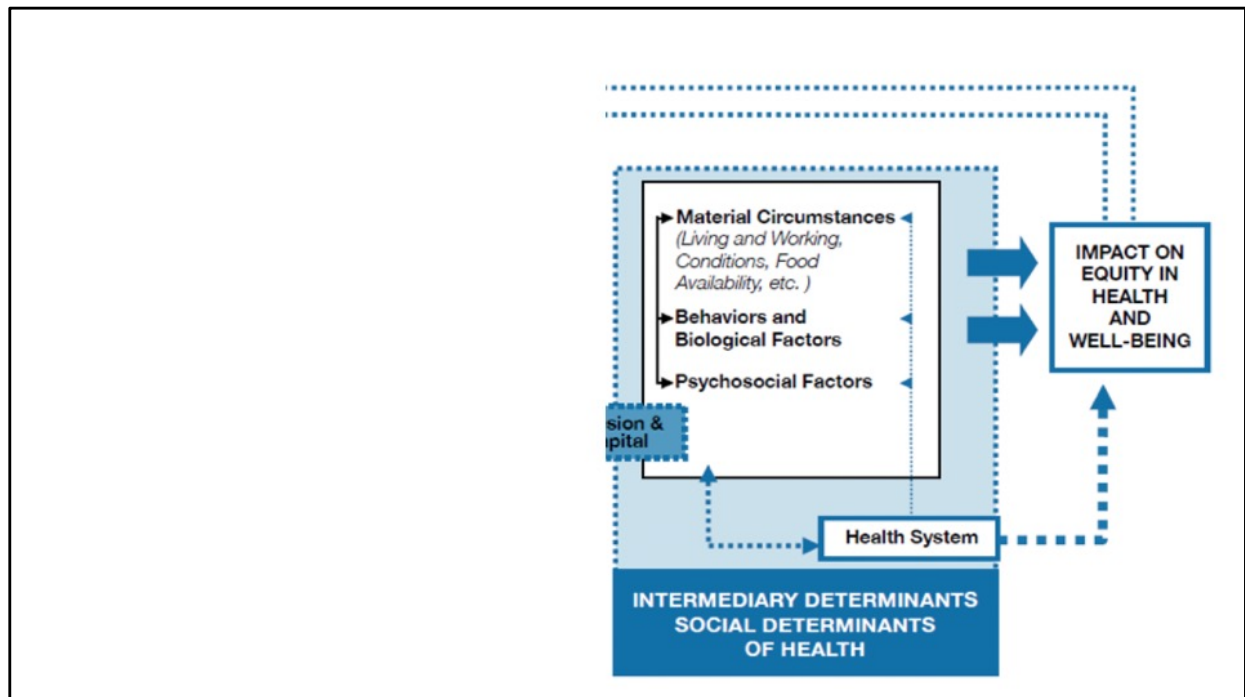
<https://about.kaiserpermanente.org/community-health/news/kaiser-permanente-announces-200-million-impact-investment-partne>

Structural Determinants of Health

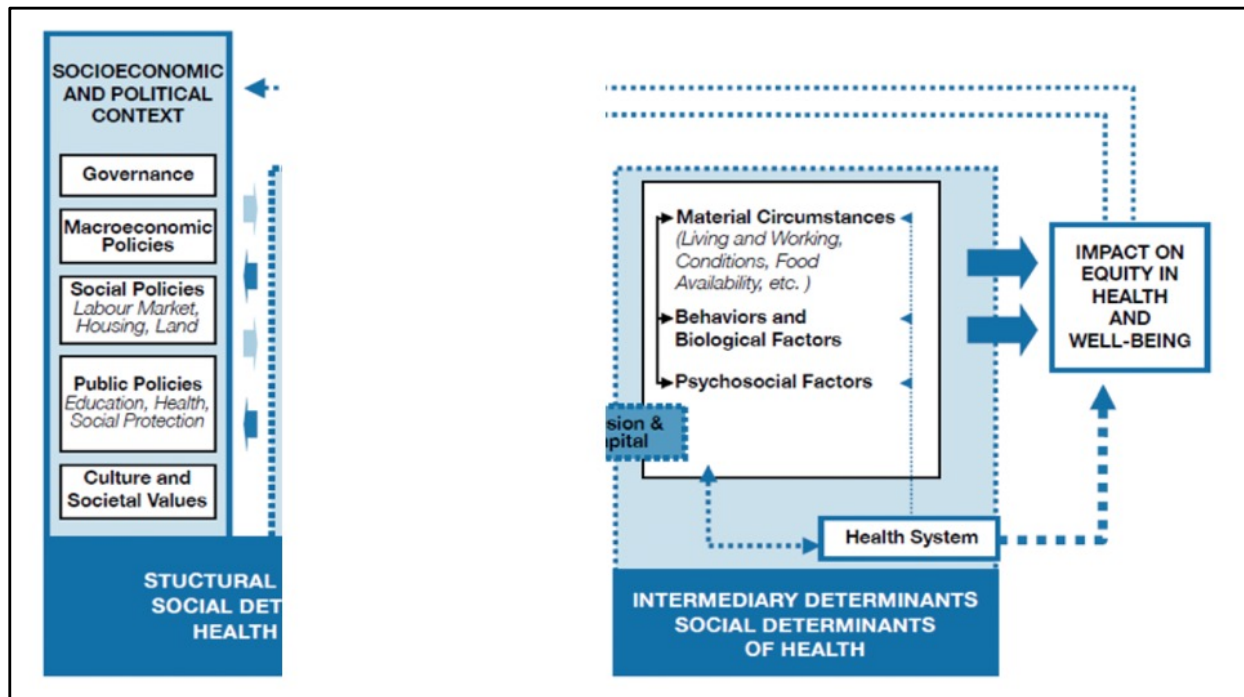
- Mechanisms that organize the distribution of power and resources differentially across social groups
- Includes policy, law, governance, and culture
- Social groups such as class, sexual orientation, gender expression, race, ethnicity and other dimensions of individual and group identity



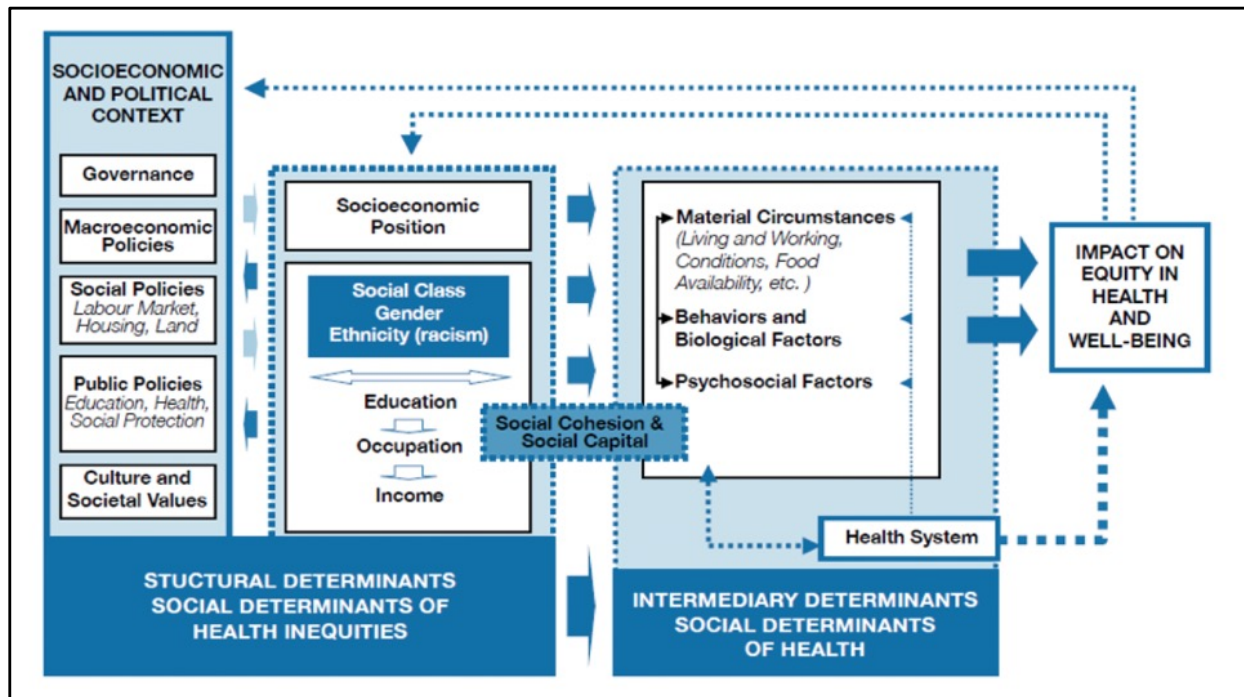
National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division. 2017. Communities in Action - Pathways to Health Equity.
<https://www.nap.edu/catalog/24624/communities-in-action-pathways-to-health-equity>



Awofeso N (2011) Racism: a major impediment to optimal Indigenous health and health care in Australia. Australian Indigenous HealthBulletin 11(3).
<https://healthbulletin.org.au/articles/racism-a-major-impediment-to-optimal-indigenous-health-and-health-care-in-australia/>



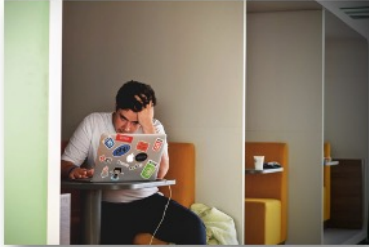
Awofeso N (2011) Racism: a major impediment to optimal Indigenous health and health care in Australia. Australian Indigenous Health Bulletin 11(3).
<https://healthbulletin.org.au/articles/racism-a-major-impediment-to-optimal-indigenous-health-and-health-care-in-australia/>



Awofeso N (2011) Racism: a major impediment to optimal Indigenous health and health care in Australia. Australian Indigenous Health Bulletin 11(3).
<https://healthbulletin.org.au/articles/racism-a-major-impediment-to-optimal-indigenous-health-and-health-care-in-australia/>



Photo by Tim Gouw on Unsplash



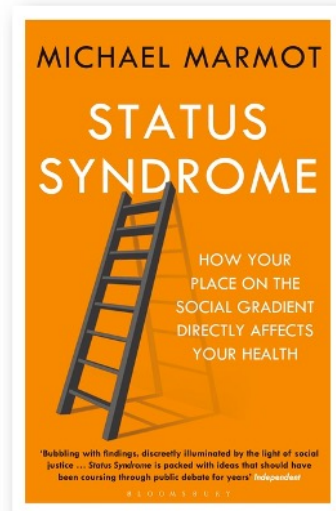
Policies & Law
Governments
Elections / Voting
A community expressing its preference
A community exerting control



Syme SL. Control and Health: An Epidemiological Perspective. In: Rodin J. Schooler C, Schaie KW, editors. Self-Directedness: Cause and Effects Throughout the Life Course. New Jersey; Lawrence Erlbaum Associates; 1990.



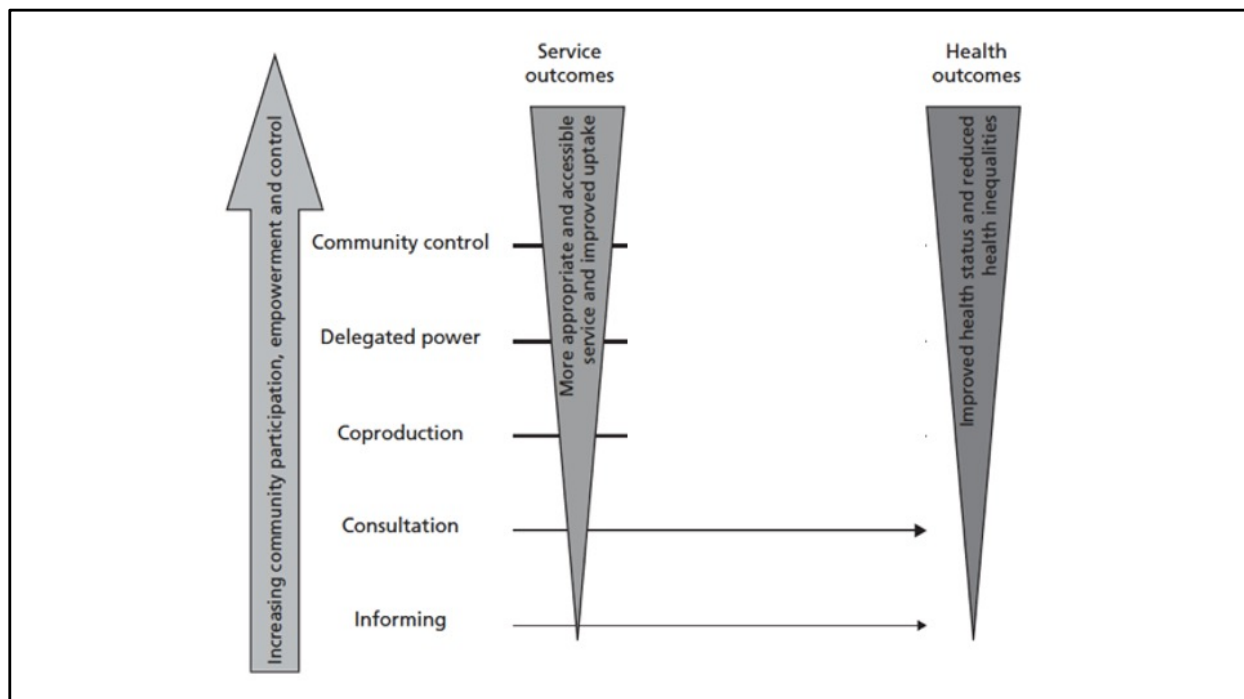
Control / Autonomy
Social Support
Opportunity for
Social Participation



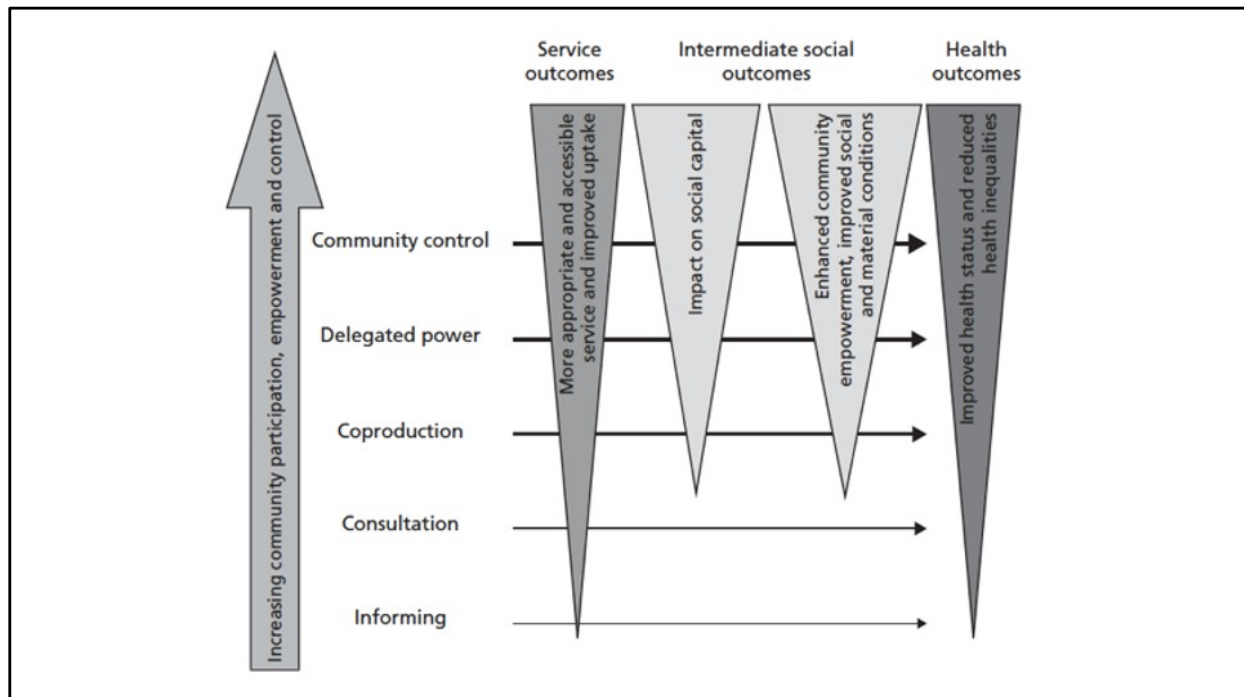
Link BG, Phelan J. Social conditions as fundamental causes of disease. J Health Soc Behav. 1995;Spec No:80-94.
Marmot M. Status Syndrome: How Your Social Standing Directly Affects Your Health. London: Bloomsbury; 2004.

How can health care nurture a community's ability to exert control?

Through *purposeful* community engagement



Popay J. Community engagement for health improvement: questions of definition, outcomes and evaluation. A background paper prepared for NICE. London: NICE; 2006.



Popay J. Community engagement for health improvement: questions of definition, outcomes and evaluation. A background paper prepared for NICE. London: NICE; 2006.

What's the Evidence?

- Community Agency
- Not much research
 - Because it's very hard to study
- 7 review articles covering 93 studies
 - 12 high-quality
 - 45 medium-quality
 - 36 low-quality*
- In partnership with The California Endowment



Tamber PS. The Bio-Medical Evidence Linking Community Agency and Health: An Encouraging Evidence Base [Internet]. London: Pritpal S Tamber Ltd; December 2020. Available from: <https://www.pstamber.com/reports/executive-summary-the-bio-medical-evidence-linking-community-agency-and-health/>

What Does the Evidence Tell Us? (1 of 3)

High-Quality

- Positive impacts on:
 - Mental health
 - Social isolation
 - Partner violence
 - General sense of safety
 - People's willingness to access health services
 - The local environment, including greater access to green space.

Medium-Quality

- Increased:
 - Use of contraceptives
 - Rates of immunizations in children
- Improvements in:
 - Cardiovascular risk factors
 - Healthier lifestyles partly through greater health literacy
- Reduced:
 - Infant mortality
 - Stunting amongst children
 - Emotional stress
 - STIs amongst sex workers

What Does the Evidence Tell Us? (2 of 3)

Outcomes Amongst Individuals

- Improved skills
 - Emotional, social, organizational, communication, and financial (leadership)
- Positive impact on confidence
 - Aided by a mastery of surroundings
- Positivity towards their area
 - Greater pride and sense of belonging
- Feeling empowered
- Willingness to challenge and change negative circumstances

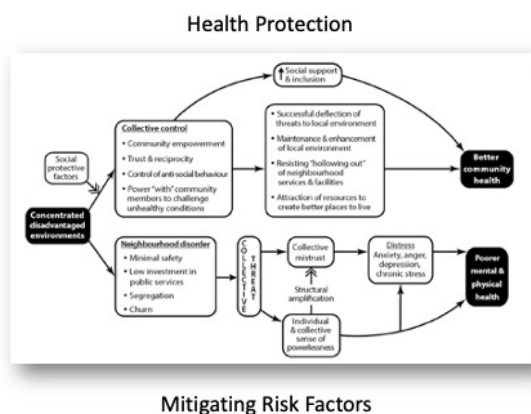
Outcomes at the Community Level

- Positive impact on the social fabric between people
 - Social cohesion, Social connectivity, Sense of community
- Greater willingness amongst individuals to be involved in local organizations
- Civil society associations (nonprofits) were strengthened
- Participation in local government was enhanced
- Institutional barriers were reduced
- Increased trust, respect and reciprocity between communities and agencies

What Does the Evidence Tell Us? (3 of 3)

- Increased physical and psychological strain and fatigue amongst community members
- Tensions and disagreements amongst community participants
- Frustration and dissatisfaction with the:
 - Engagement/participation process
 - Perceived lack of influence
 - Pace of change
 - Outcomes
- Difficulty in ensuring the needs of traditionally excluded or disadvantaged groups were heard

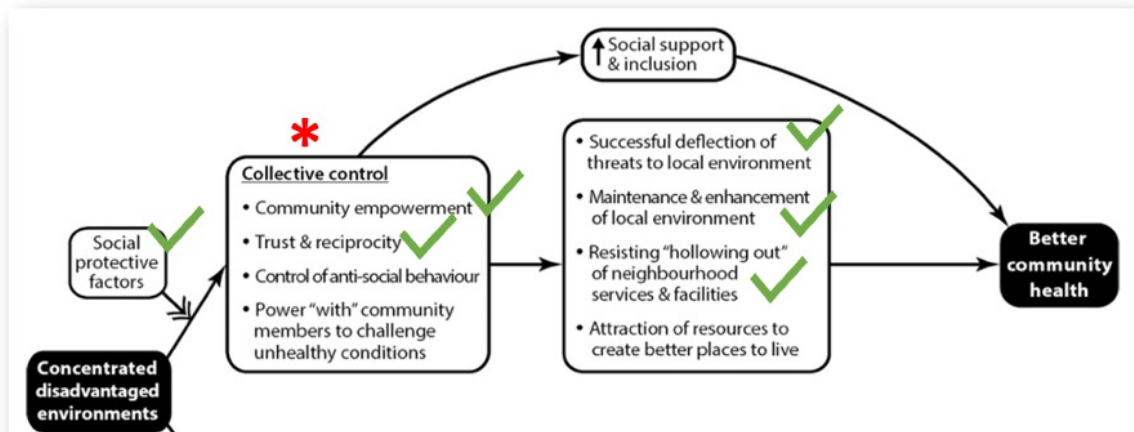
Making Sense of the Evidence



Whitehead M, Pennington A, Orton L, Nayak S, Petticrew M, Sowden A, White M. How could differences in 'control over destiny' lead to socio-economic inequalities in health? A synthesis of theories and pathways in the living environment. *Health Place*. 2016 May;39:51-61. doi: 10.1016/j.healthplace.2016.02.002. Epub 2016 Mar 14.

Making Sense of the Evidence

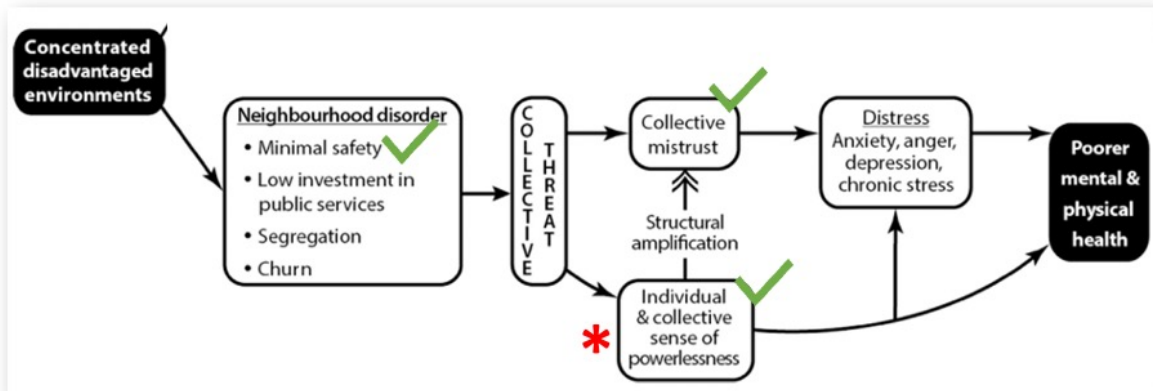
Health Protection



Social protective factors encompasses terms like social cohesion, community capacity, ontological security and a sense of coherence

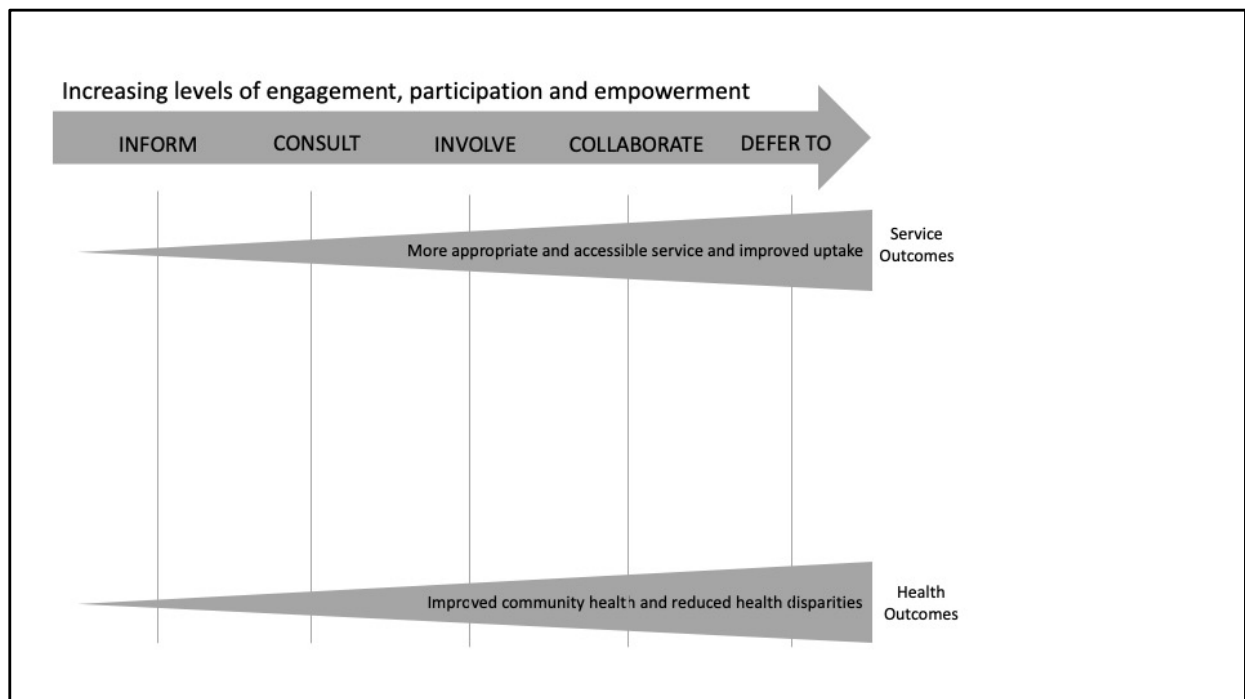
Making Sense of the Evidence

Mitigating Risk Factors

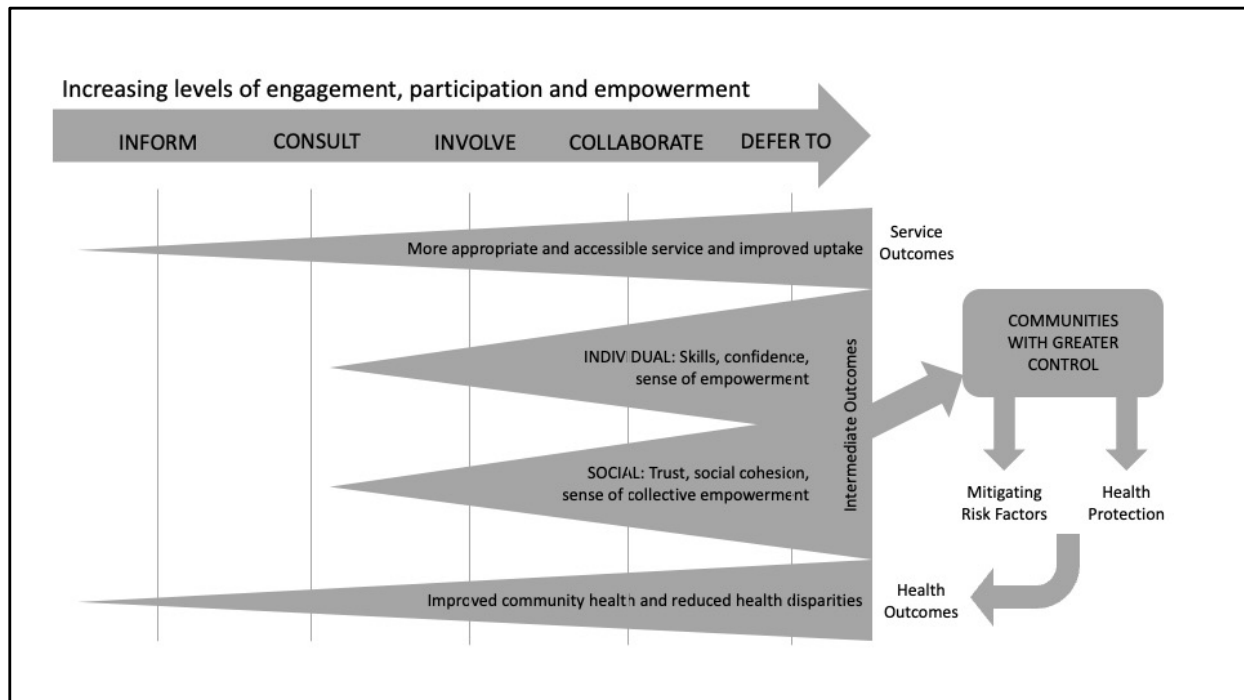


So, what is purposeful
community engagement?

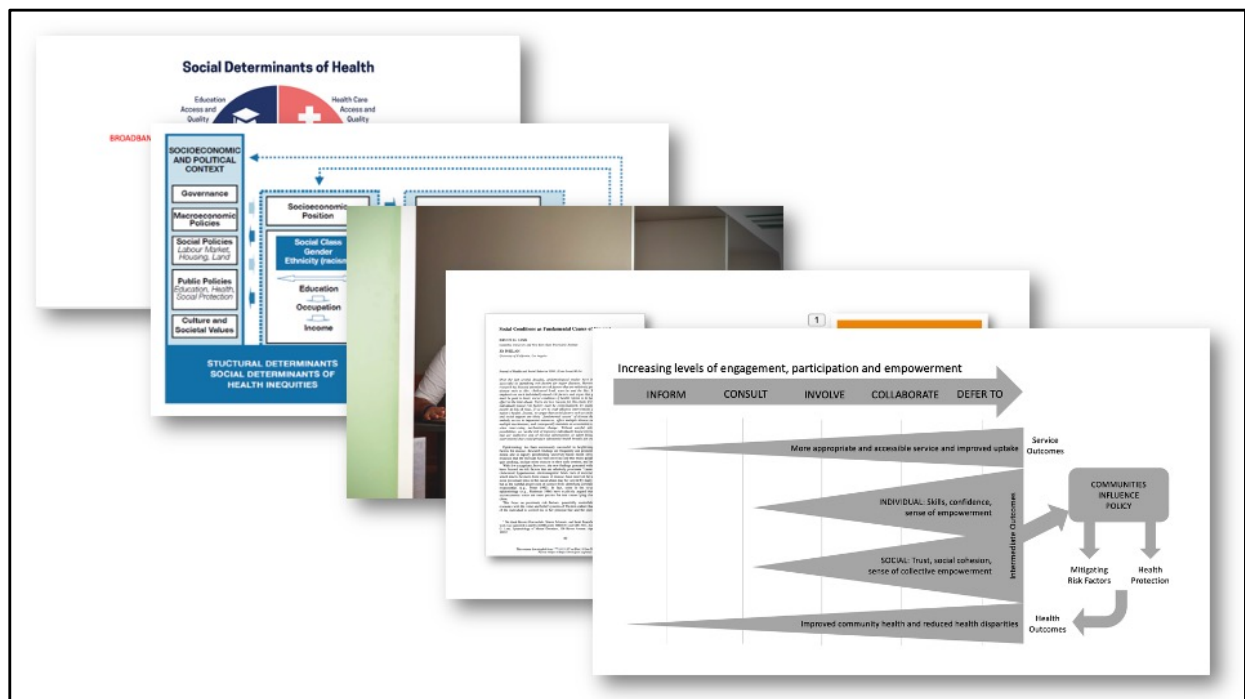
A process that intentionally
nurtures a community's ability to
exert control



The article in which this model is being proposed is currently being finalized.

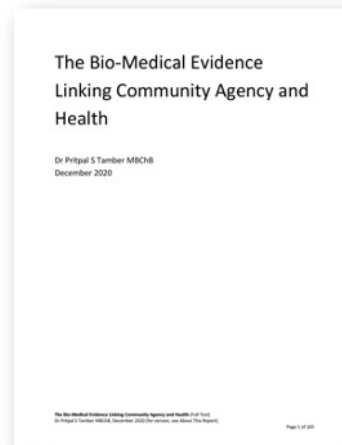


The article in which this model is being proposed is currently being finalized.



Thank You for Listening

Dr Pritpal S Tamber
Independent Researcher &
Consultant in Community Health
pritpal@pstamber.com
[@pstamber](https://www.pstamber.com)



A reminder that all the research presented in this talk is available from:

Tamber PS. The Bio-Medical Evidence Linking Community Agency and Health: An Encouraging Evidence Base [Internet]. London: Pritpal S Tamber Ltd; December 2020. Available from: <https://www.pstamber.com/reports/executive-summary-the-bio-medical-evidence-linking-community-agency-and-health/>