

THE SOCIAL DETERMINANTS OF NON-COMMUNICABLE DISEASES

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COMM 311 - Community Medicine Course

February 2nd, 2019 9-10 A.M.



objectives

By the end of this session students should be able to:

1. Define the social determinants of NCDs
2. Discuss the significance, high risk groups and health consequences of social determinants of NCDs
3. Identify material conditions needed for individual and community well-being
4. Identify psychosocial risk factors influencing NCDs
5. Identify neighborhood factors influencing NCDs
6. Identify the relationship between SES and health-risk behaviors
7. Identify Evidence-based approaches to improving the social determinants of NCDs

"The social determinants of health refer to both specific features of and pathways by which societal conditions affect health and that potentially can be altered by informed action. "



Income



Public policies



Health services



Employment



Housing



Education



Transportation

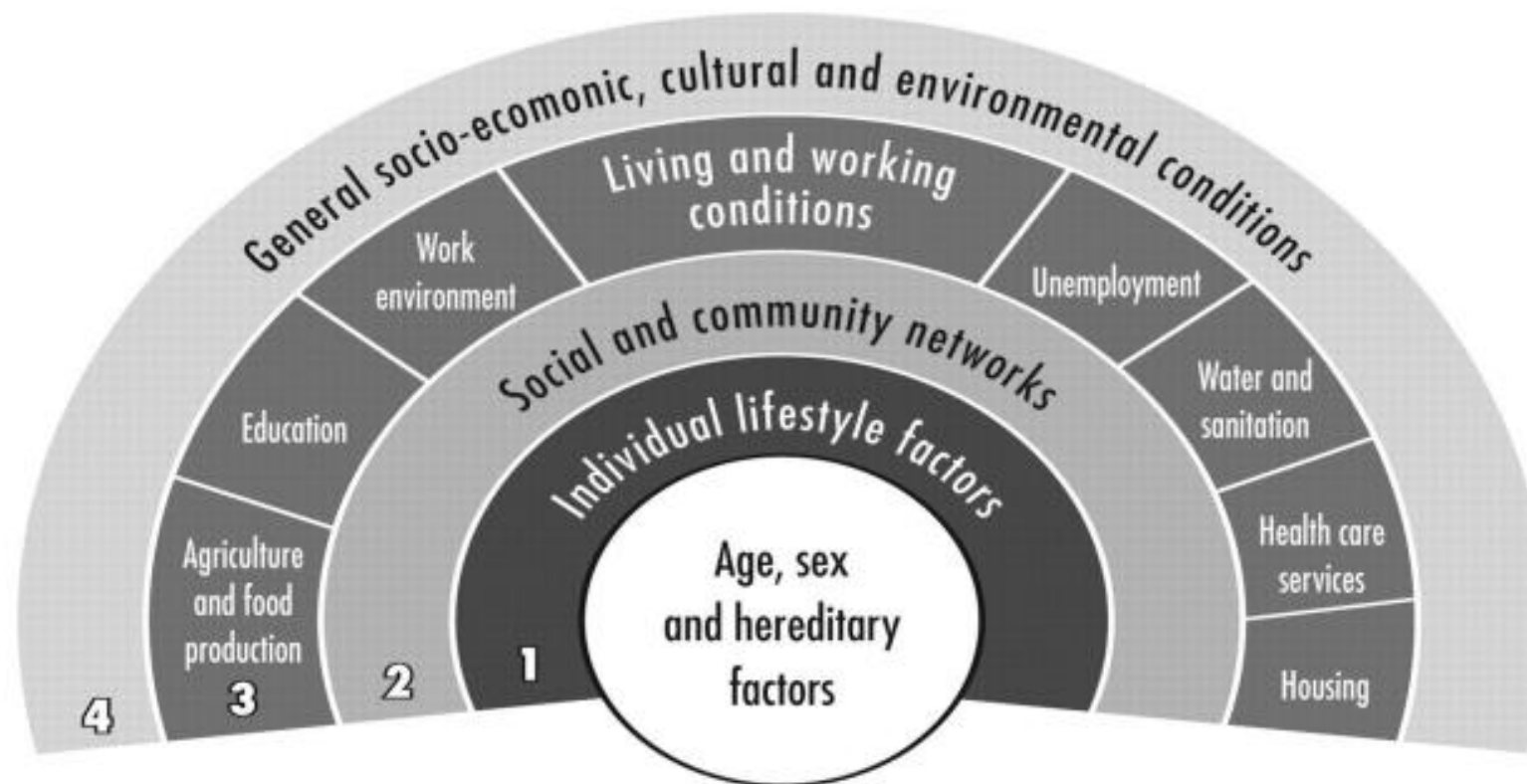
Other examples of social determinants

- Socio-economic status
- Built environment
- Community support networks
- Health behavior and lifestyle

Social Determinants of Health

- can influence health both directly and indirectly.
- contribute to health inequalities between social groups.
- are interconnected.
- operate at different levels.

Figure 1: Layers of the Social Determinants of Health



Source: Dahlgren and Whitehead (1991)

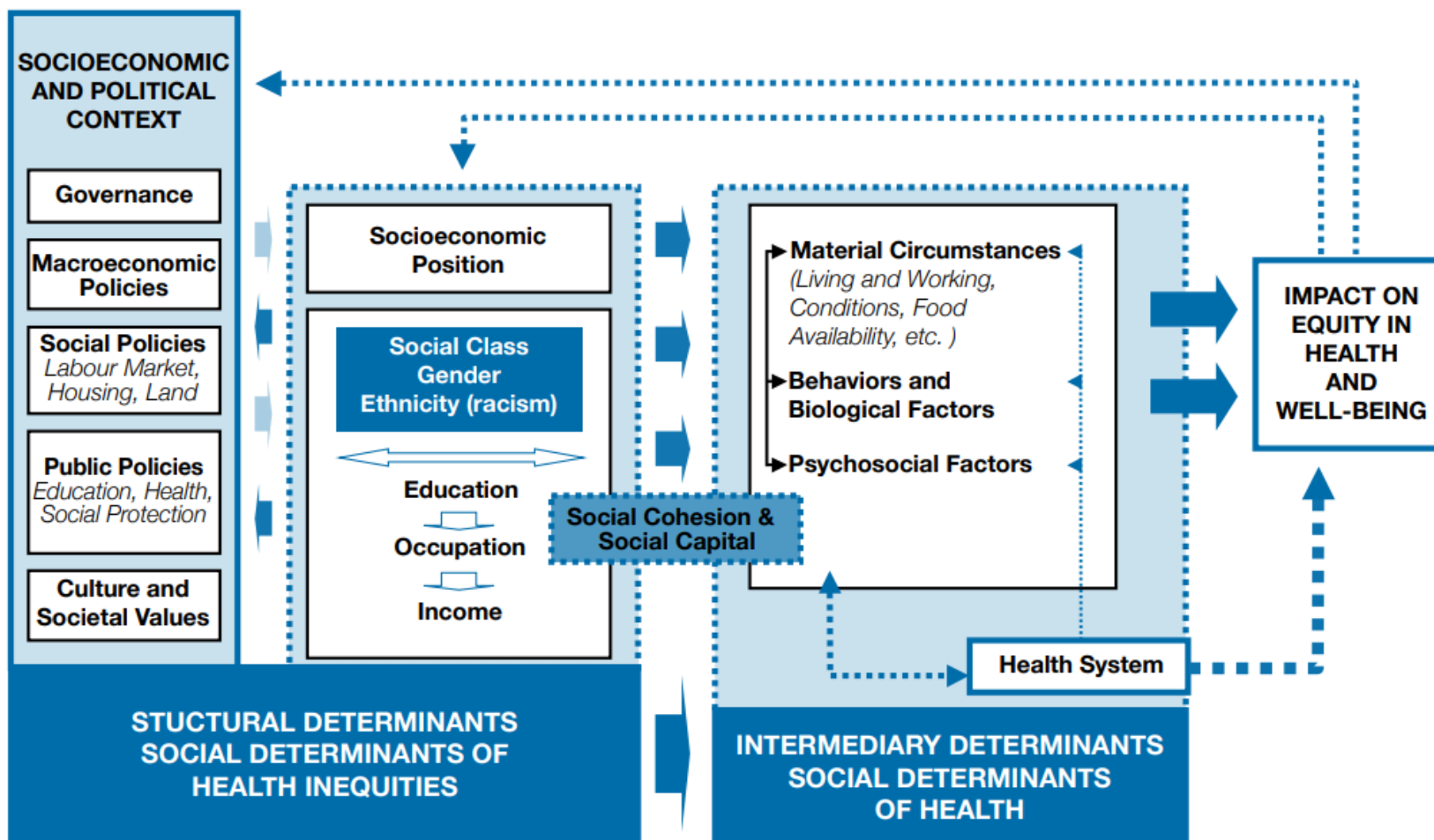


A CONCEPTUAL FRAMEWORK FOR ACTION ON THE SOCIAL DETERMINANTS OF HEALTH

Social Determinants of Health Discussion Paper 2

DEBATES, **POLICY & PRACTICE**, CASE STUDIES

WHO conceptual framework for action on the social determinants of health-2010

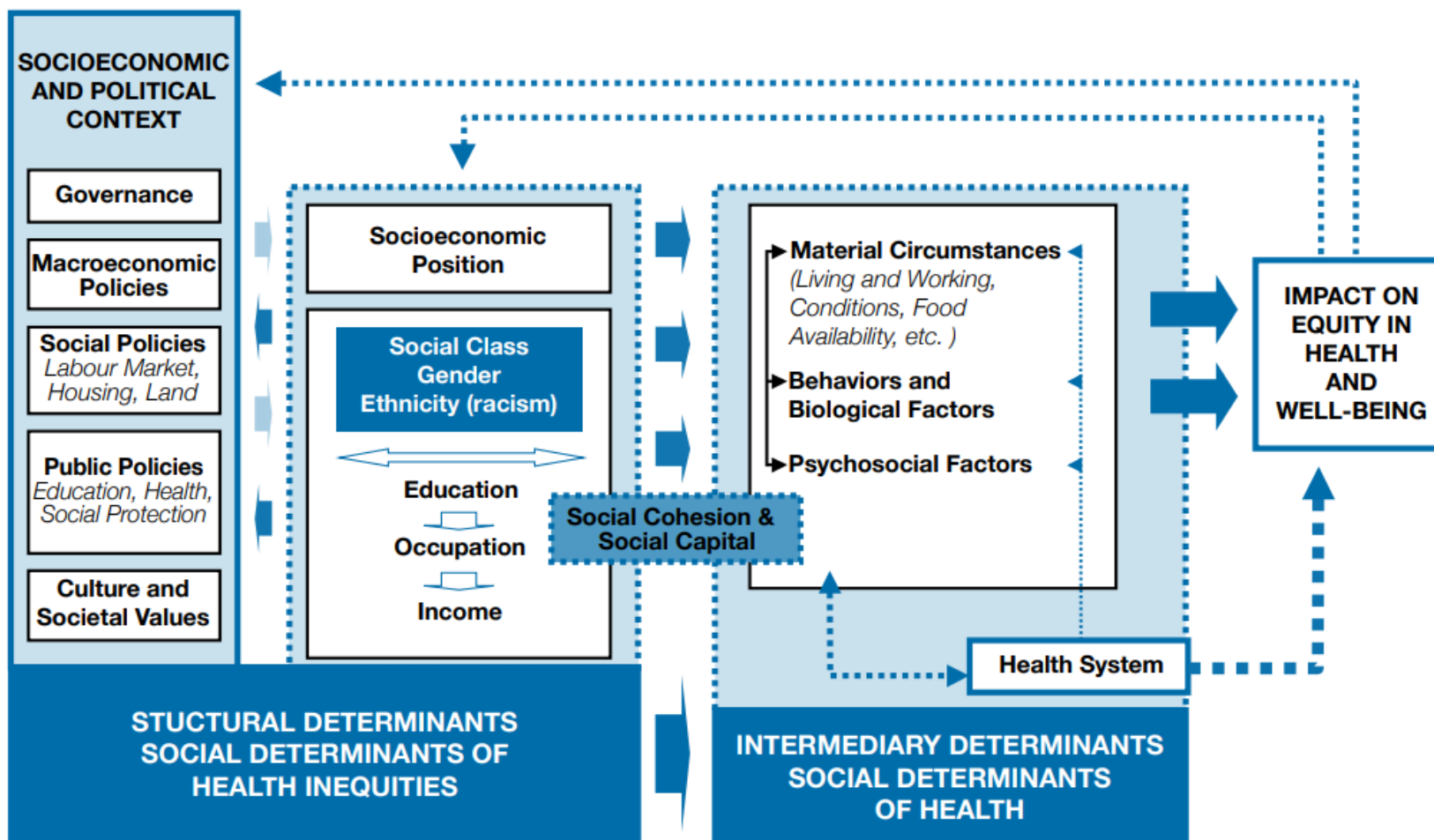


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High risk groups

- Uneducated or low educational attainment
- unemployed
- Low income
- low social status
- Ethnic minorities
- females

Table 2. Social inequalities affecting disadvantaged people

Percentages who have experienced in their adult life:	Social Status: ¹	
	Low:	High:
- several episodes of 3+ months of unemployment	11%	1%
- lost their job several times (involuntarily)	7%	2%
- received social security benefits	11%	2%
- had a serious accident	21%	6%
- been unemployed at the age of 55	29%	7%
- been unmarried/had no cohabitant at the age of 55	26%	14%
- had low income at the age of 53	20%	2%

¹ Low status = the third with the lowest occupational prestige, high status = the third with the highest occupational prestige.

Source: Reproduced with permission from the Norwegian Action Plan to Reduce Social Inequalities in Health 2005-2006

Table 1. Explanations for the relationship between income inequality and health

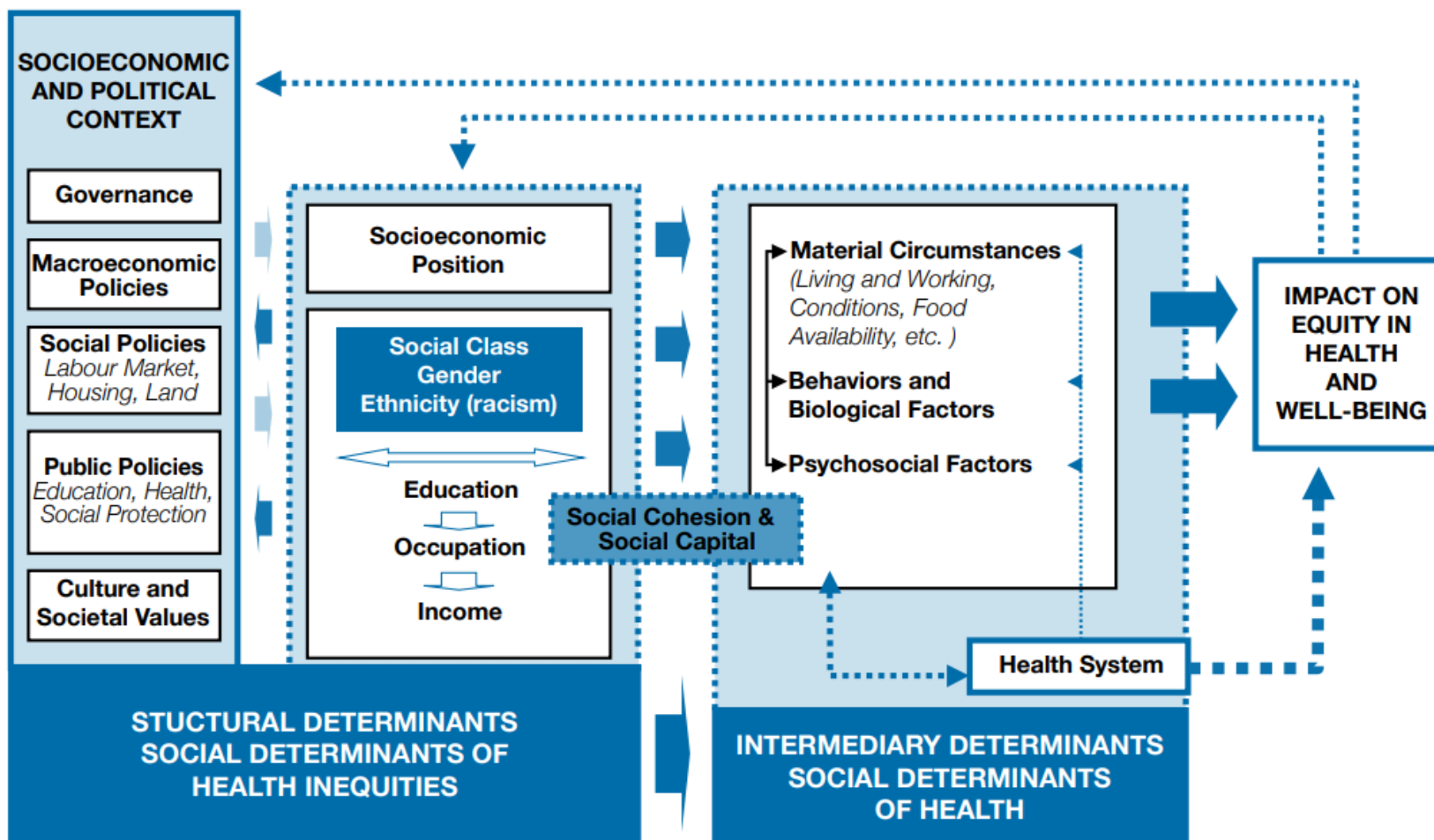
Explanation	Synopsis of the Argument
Psychosocial (micro): Social status	Income inequality results in “invidious processes of social comparison” that enforce social hierarchies causing chronic stress leading to poorer health outcomes for those at the bottom.
Psychosocial (macro): Social cohesion	Income inequality erodes social bonds that allow people to work together, decreases social resources, and results in less trust and civic participation, greater crime and other unhealthy conditions.
Neo-material (micro): Individual income	Income inequality means fewer economic resources among the poorest, resulting in lessened ability to avoid risks, cure injury or disease, and/or prevent illness.
Neo-material (macro): Social disinvestment	Income inequality results in less investment in social and environmental conditions (safe housing, good schools, etc.) necessary for promoting health among the poorest.
Statistical artifact	The poorest in any society are usually the sickest. A society with high levels of income inequality has high numbers of poor and, consequently, will have more people who are sick.
Health selection	People are not sick because they are poor. Rather, poor health lowers one’s income and limits one’s earning potential.

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Material & neighborhood factors

- Housing
 - relating to both the dwelling itself and its location
 - Ex: access to hot and cold water in the house, having central heating and carpets, sole use of bathrooms and toilets, whether the toilet is inside or outside the home, and having a refrigerator, washing machine, or telephone, broken windows
- consumption potential, i.e. the financial means to buy healthy food, warm clothing, etc.
- the quality of physical working environment

Material & neighborhood factors

neighborhood environment:

- abandoned cars, graffiti, trash and public school deterioration
- water, air, and street and sidewalk conditions
- level of risk in the environments in which people work, play, and rest
- the quality of public and private services provided to residents, such as garbage removal, police protection, and social services
- the reputation of a neighborhood
- absence of grocery stores and the types of food available
- individual characteristics of residents

Psychosocial Risk Factors

- Stress (both acute and chronic)
- Personality factors
 - traumatic life events
 - coping and resilience
 - self-efficacy
 - self-esteem
 - cynical hostility
 - Hopelessness
- Social relationships
 - social support
 - social networks
 - sense of job control
 - experiences of discrimination
 - use of risky behaviors as a form of self-medication



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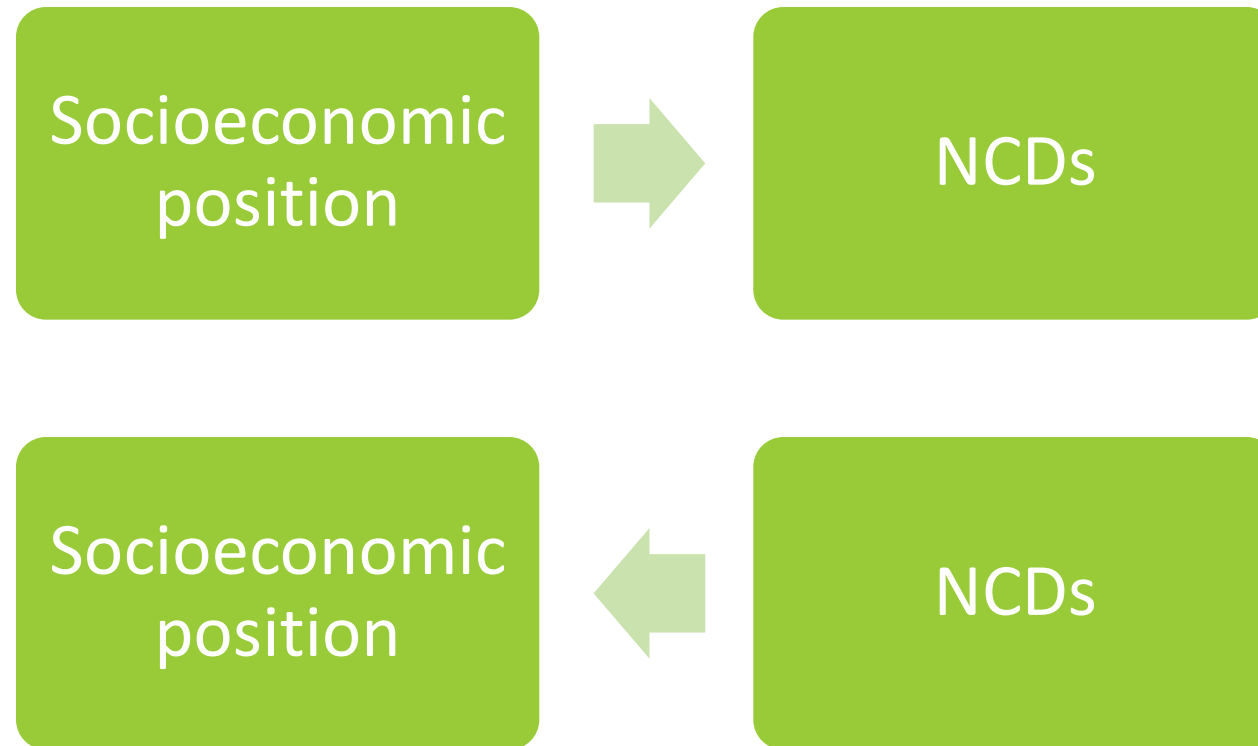
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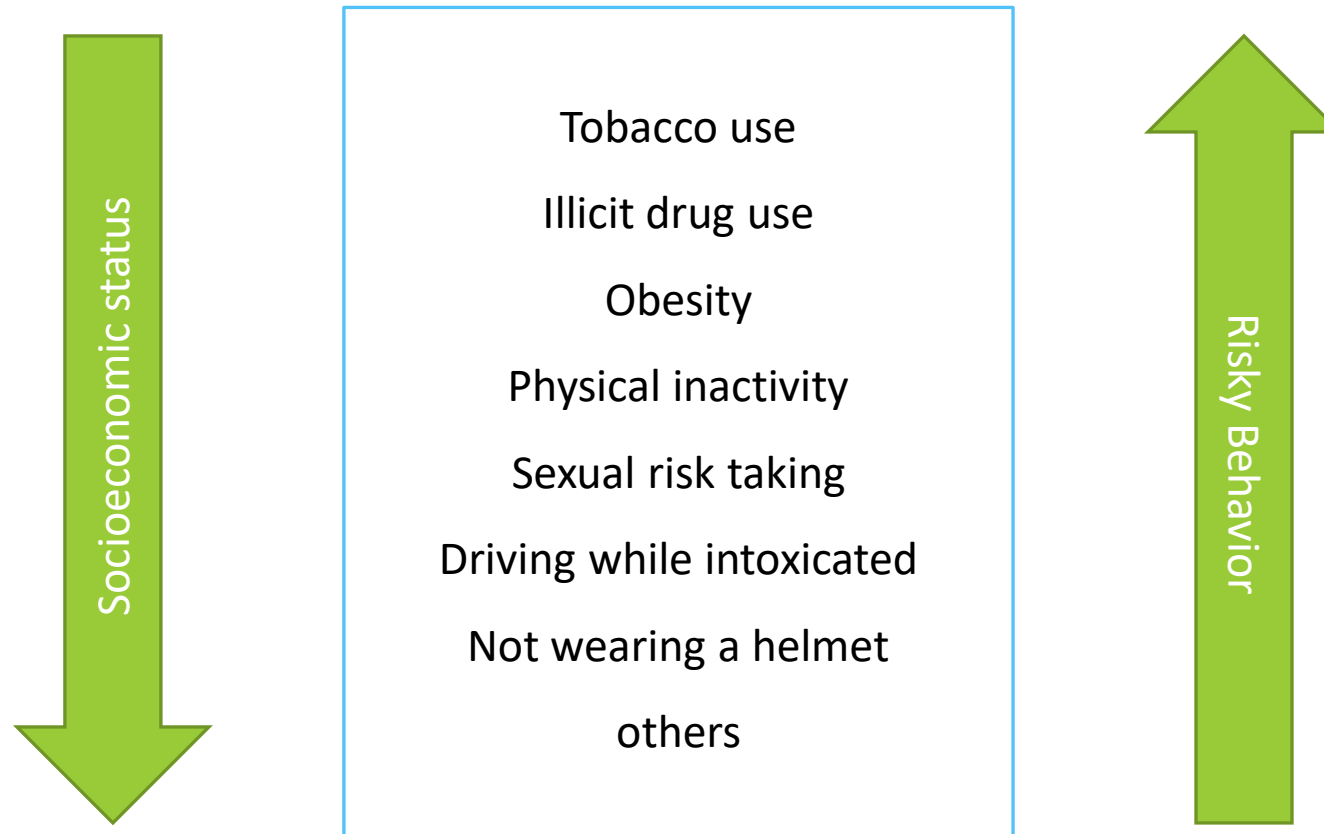
In-class stretching break



Reverse Causality



Health-Risk Behaviors

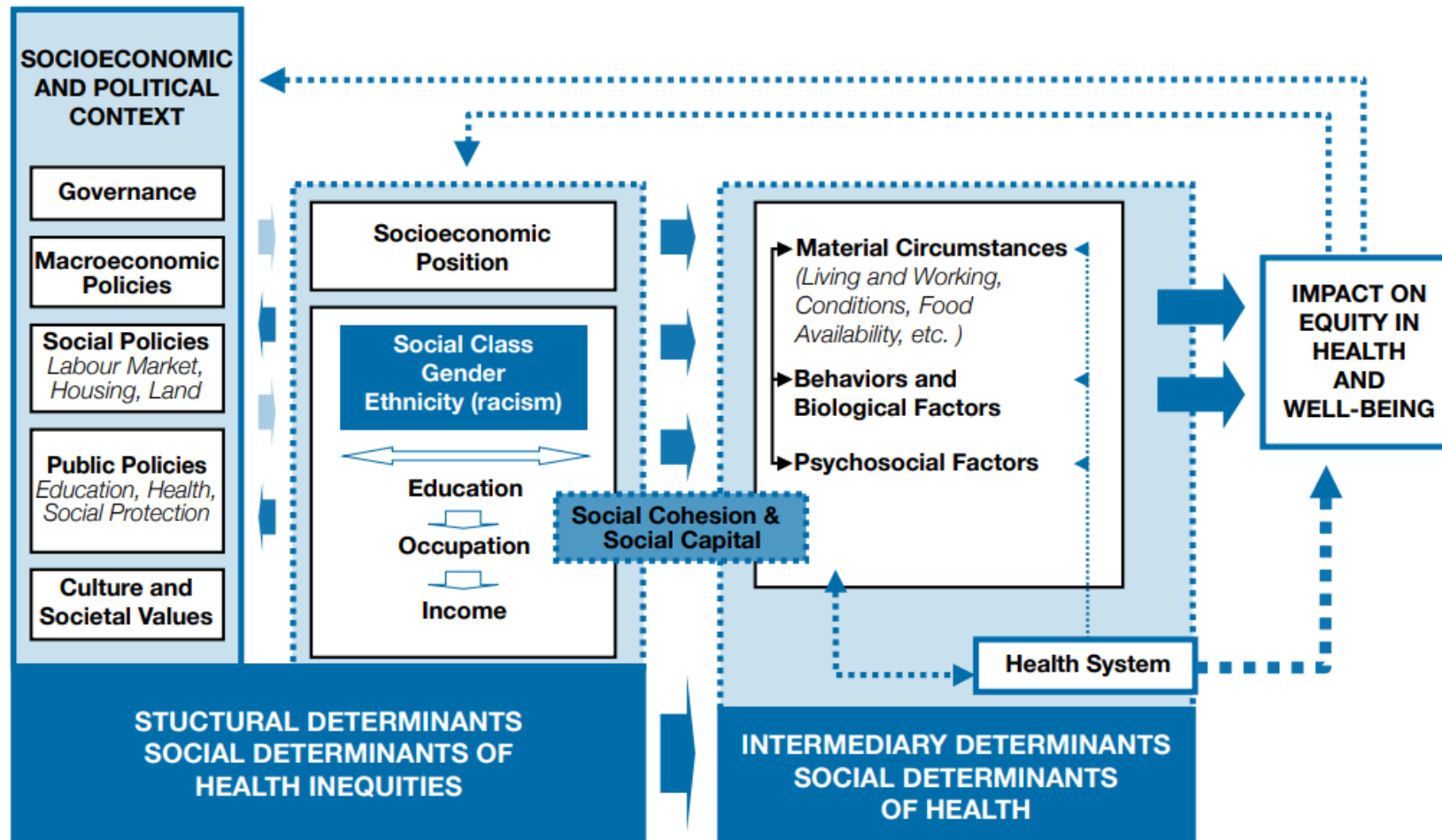


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How to intervene?

1. Context strategies tackling structural and intermediary determinants
2. Intersectoral action
3. Social participation and empowerment (informing, consulting, involving, collaborating, empowering)

Figure 7. Framework for tackling SDH inequities

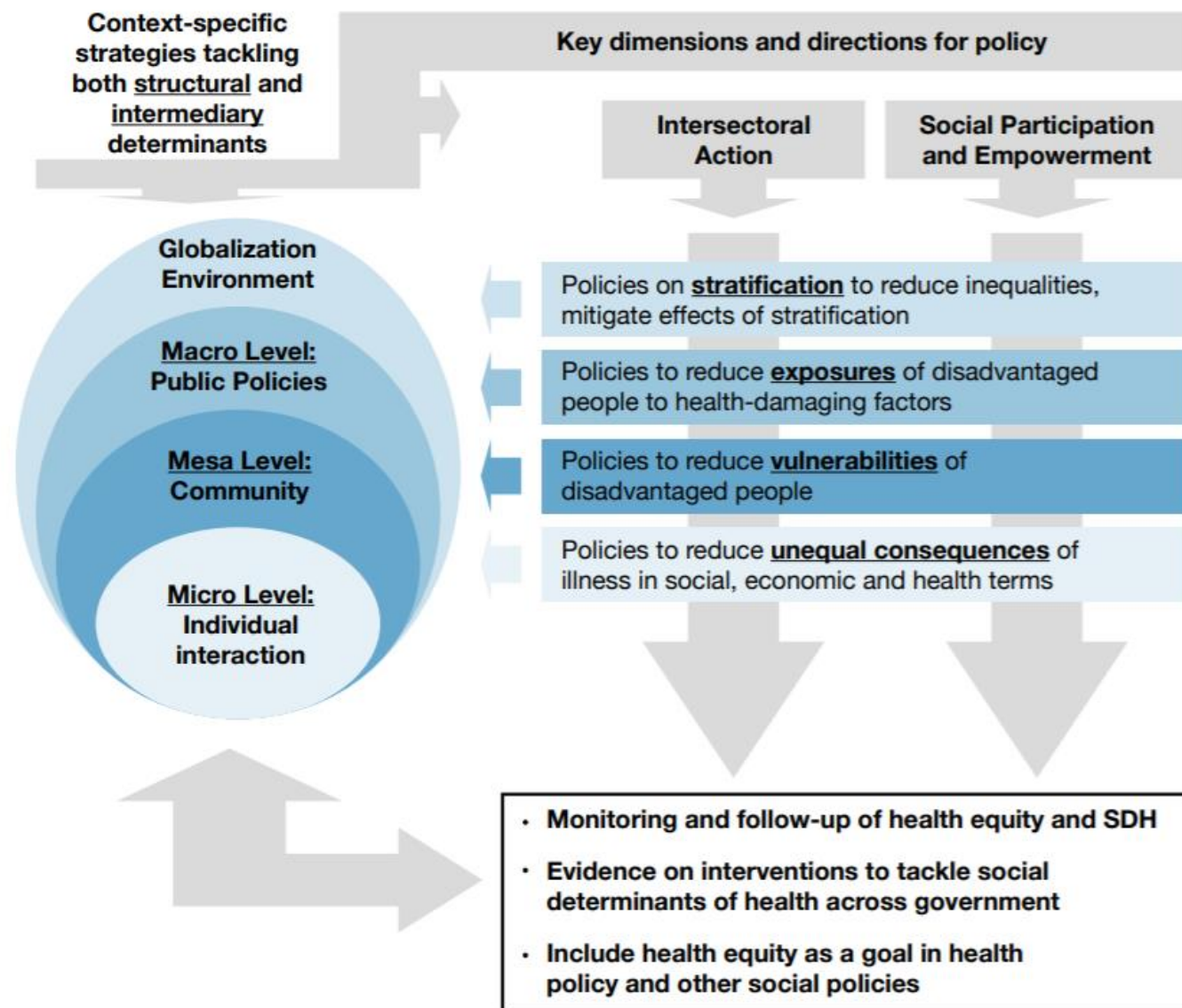


Table 3. Examples of SDH interventions

Entry Point	Strategies	
	Universal	Selective
Social Stratification: Policies to reduce inequalities and mitigate effects of stratification.	<ul style="list-style-type: none"> ✔ Active policies to reduce income inequality through taxes and subsidized public services. ✔ Free and universal services such as health, education, and public transport. ✔ Active labour market policies to secure jobs with adequate payment. Labour intensive growth strategies. ✔ Social redistribution policies and improved mechanisms for resource allocation in health care and other social sectors. ✔ Promote equal opportunities for women and gender equity. ✔ Promote the development and strengthening of autonomous social movements. 	<ul style="list-style-type: none"> ✔ Social security schemes for specific population groups in disadvantaged positions. ✔ Child welfare measures: Implement Early Child Development programmes including the provision of nutritional supplements, regular monitoring of child development by health staff. Promotion of cognitive development of children at pre-schooling age. Promote pre-school development.
Exposure: Policies to reduce exposure of disadvantaged people to health damaging factors.	<ul style="list-style-type: none"> ✔ Healthy and safe physical neighbourhood environments. Guaranteed access to basic neighbourhood services. ✔ Healthy and safe physical and social living environments. Access to water and sanitation. ✔ Healthy and safe working environments. ✔ Policies for health promotion and healthy lifestyle (e.g. smoking cessation, alcohol consumption, healthy eating and others). 	<ul style="list-style-type: none"> ✔ Policies and programs to address exposures for specific disadvantaged groups at risk (cooking fuels, heating, etc). ✔ Policies on subsidized housing for disadvantaged people.
Vulnerability: Policies to reduce vulnerability of specific groups.	<ul style="list-style-type: none"> ✔ Employment insurance and social protection policies for the unemployed. ✔ Social protection policies for single mothers and programs for access to work and education opportunities. ✔ Policies and support for the creation and development of social networks in order to increase community empowerment. 	<ul style="list-style-type: none"> ✔ Extra support for students from less privileged families facilitating their transition from school to work. ✔ Free healthy school lunches. ✔ Additional access and support for health promotion activities. ✔ Income generation, employment generation activities through cash benefits or cash transfers.
Unequal Policies to reduce the unequal consequences of social, economic, and ill-health for disadvantaged people.	<ul style="list-style-type: none"> ✔ Equitable health care financing and protection from impoverishment for people affected by catastrophic illness. ✔ Support workforce reintegration of people affected by catastrophic or chronic illness. ✔ Active labour policies for incapacitated people. ✔ Social and income protection for people affected with chronic illness and injuries. 	<ul style="list-style-type: none"> ✔ Additional care and support for disadvantaged patients affected by chronic, catastrophic illness and injuries. ✔ Additional resources for rehabilitation programs for disadvantaged people.

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References

- A Conceptual Framework for Action on the Social Determinants of Health Social Determinants of Health Discussion Paper 2. World Health Organization 2010. URL: https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf. [accessed Feb 6th, 2019]
- Social Determinants of Noncommunicable Diseases and Other Public Health Issues in Seychelles: Evidence and Implications. WHO Regional Office for Africa, 2014. URL: <https://www.afro.who.int/sites/default/files/2017-05/social-determinants-of-ncd-and-other-public-health-issues-in-seychelles-who-published-2013.pdf>. [Accessed 6th of February, 2019]
- Dr. Armen Torchyan's COMM 311 course 2019 lecture slides titled-NCD social determinants



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Thank You