



# Social Determinants of NCDs

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## Objectives:

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

## Done by:

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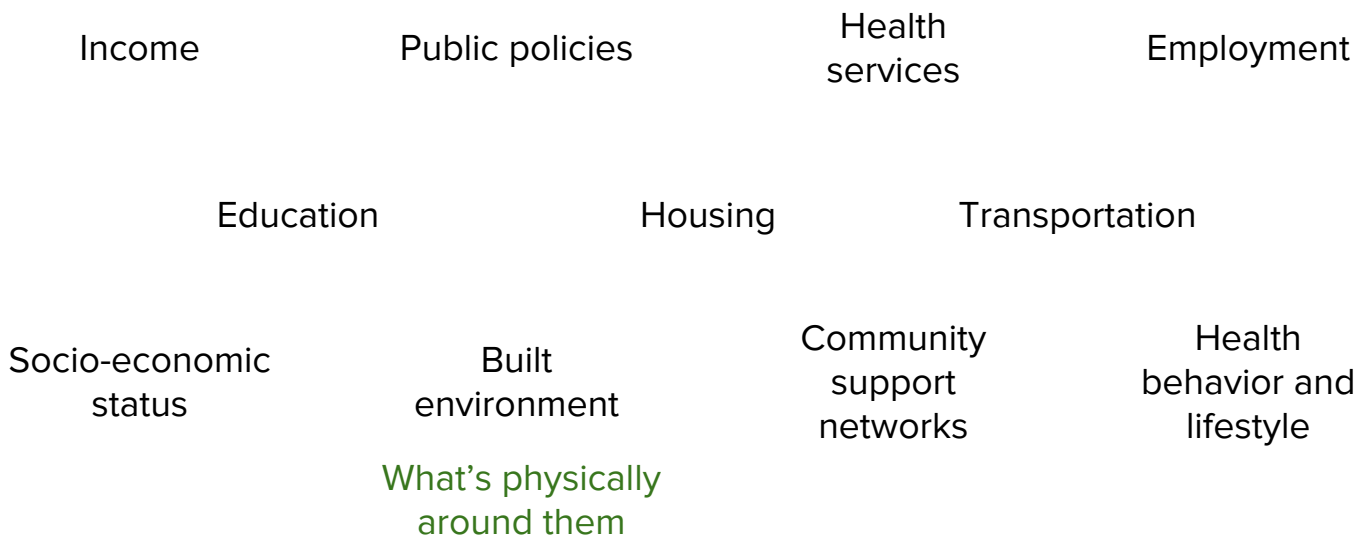
Important | Extra | Notes

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## Definition:

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.

## Examples:



## Social Determinants of health:

- Can influence health both directly<sup>1</sup> and indirectly<sup>2</sup>.
- Contribute to health inequalities between social groups (الطبقات المجتمعية المختلفة).
- Are interconnected<sup>3</sup>.
- Operate at different levels.

### 1. Directly :

Ex1: the patient can't afford the price of the medication.

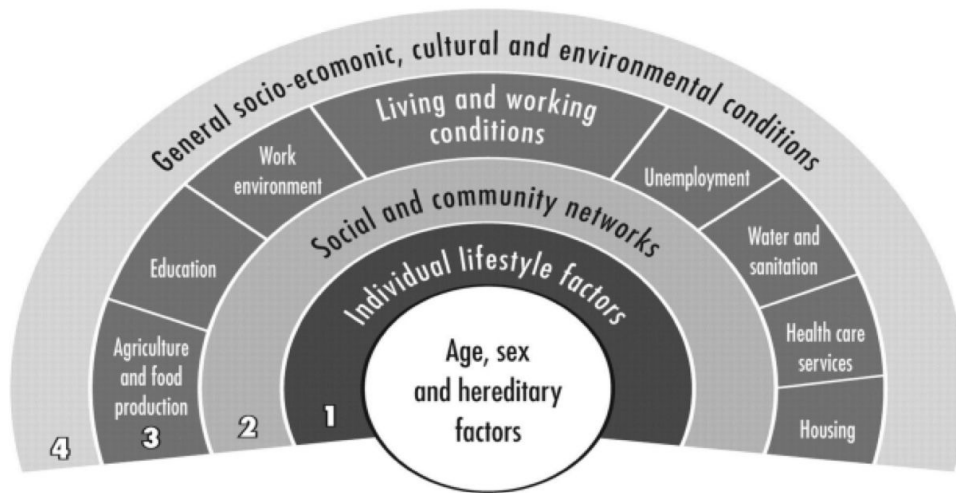
Ex2: if they are living in a house that's very old and they are not able to maintain it.

### 2. Indirectly :

Ex1: working in a stressful job with time it will build up.

3.Ex: education is associated with employment and employment is associated with the income.

**Figure 1: Layers of the Social Determinants of Health**



Source: Dahlgren and Whitehead (1991)

**First level :** is the individual lifestyle factors: age, sex and hereditary factors.

**Second level :** social and community networks: how you interact with your family members, peers, friends or neighbors. Ex: a mother who breastfeeds her child was given ill or poor advice about breast feeding by her neighbors so she stopped breastfeeding and that affected her child.

**Third level:** the things that you're interacting with like food, education, work environment, living and working conditions, unemployment, water and sanitation: is there any waste management for example ? or any sewage ?

نفس اللي صار قبل كم عام في لبنان لما أضربوا عمال النظافة فصارت الزبائل في كل مكان.

Imagine how that would have affected their health and if it had affected them psychologically.

**Fourth level:** its called "big or macro" it's usually bigger than you. Its defined by the government or by policies or regulations.

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

In the year 2005, WHO said that we have to propose a framework for the social determinants of health so that we will be able to depend on that framework and it would make it easier to tackle. It'd also help to create new interventions or polices or moving policies towards improving social determinants of health. So in 2005 they made a draft and gave it to the countries working with WHO to give them feedback so they could improve it . The document was then finalized in 2010.

**Governance:** الحوكمة أو الحكومة نفسها هي الأشياء التي تفرضها الحكومة.

**Context:** البيئة التي تحيطك.

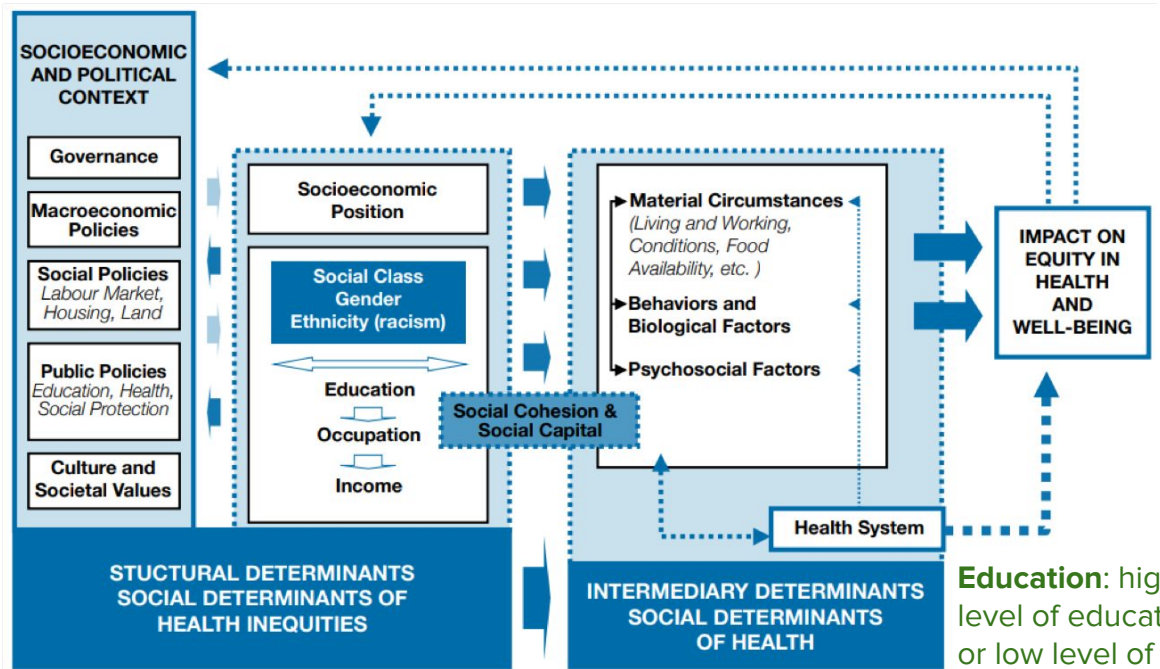
Systemic racism is from the system, for example the Americans used to segregate between black & white.

**Macroeconomic policies:** الوضع الاقتصادي في البلد، ممكن الحالي أو السابق.

**Social policies:** قوانين مزاولة العمل أو أشياء لها علاقة بالسكن.

**Public policies:** Government free education or health coverage laws that prevent child abuse.

**Culture & societal values:** In our society religion plays a big role in the laws and regulations.



**social cohesion:** يصير المجتمع متجانس ويشغل سوا.

**Equity:** لما يكون في حي أو منطقة مدخنين فنزيد هناك عيادات التوقف عن التدخين احسن من ان نحطها في منطقة مافيه مدخنين عشان نستفيد من المصادر.

**Education:** high level of education or low level of education or illiterate.

**Ethnicity:** is usually related to racism

الطبقات المجتمعية مثلا مو بالضرورة تكون غني عشان تكون من طبقة اجتماعية عالية.

There are people who have very modest income but they are Intellectuals or nobel prize winners for example and they have a high status in society.

أو مثلا في حي فقير في مصر في معلم that usually has a high social status مع انهم كلهم فقراء.

The two big chunks of the framework are the structural determinants, its related to the macro level, and things that determine your social status, power, prestige, economic status, لهم قوة كبيرة.

Social status and intermediary determinants are material circumstances, behaviors & biological factors and psychosocial factors that mediate your health

مثلا ممكن أنا أقعد أضبط المجاري وكذا في المنطقة بس إذا أنا ماعندي أشياء أساسية وكبيرة مثلا قوانين وأشياء تنظم الصيانة ففي النهاية مارج يكون لها المفعول اللي نبغاه.

## High risk groups:

- Uneducated or low educational attainment
- Unemployed
- Low income
- Low social status
- Ethnic minorities
- Females Ex:pregnant

Ex: Before allowing females to drive (10/10 \*dancing emoji\*) they were missing their doctors follow up because they didn't have anyone to drive them or pick them up. In other countries there's inequality of salary between men & women.

Table 2. Social inequalities affecting disadvantaged people

Percentages who have experienced in their adult life:	Social Status: <sup>1</sup>	
	Low:	High:
- several episodes of 3+ months of unemployment	11%	1%
- lost their job several times (involuntarily)	7%	2%
- received social security benefits <i>الدعم الحكومي مثلا الغذاء اول المال</i>	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%

<sup>1</sup> 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.

مثلا في مصر أو في الهند لما يركبون مليون شخص في الباص أو قطار ويطلعون من الشباك أو يتمسكون من فوق القطار فهذا يخليهم معرضين للإصابات.

مثلا في مكان ناس يندفع لهم أكثر من ناس وفي ناس فقيرة مره ومع الوقت social cohesion.

مثلا في الصيف تنتشر حملات التبرع بالمكيفات للفقراء فتخيلوا كيف التأثير على نفسيتهم أو كثرة المرضى.

## Material & Neighborhood factors:

or a rheumatology patient in winter who doesn't have access to a warm water.

- Housing
  - Relating to both 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.
- Neighborhood environment:
  - Abandoned cars, graffiti, trash and public school deterioration
  - Water, air, and street and sidewalk conditions<sup>1</sup>
  - 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<sup>2</sup>
  - Absence of grocery stores and the types of food available<sup>3</sup>
  - Individual characteristics of residents

one of the index that they are using is

لما يمشوا في الحي ويبيغون يقيمونه يعدون كم شباك مكسور عندهم لان إذا ماتقدر تصلح شباك بيتك أكيد حالتك المادية سيئة.

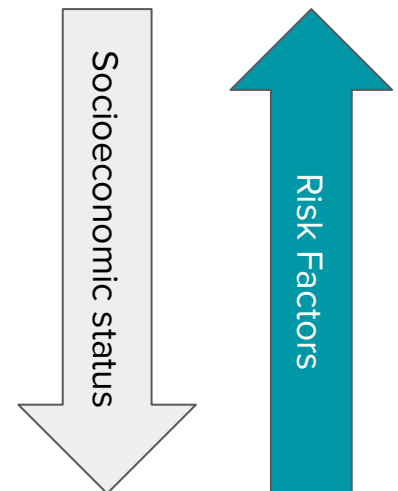
1-الصيانة العامة مثلا إذا الشارع مافيه إنارة أو مافي رصيف فما تقدرين تمشين.

2-سمعة الحي مثلا هذا الحي يبيعون فيه مخدرات أو هذا الحي مرتب فيه ناس متعلمين.

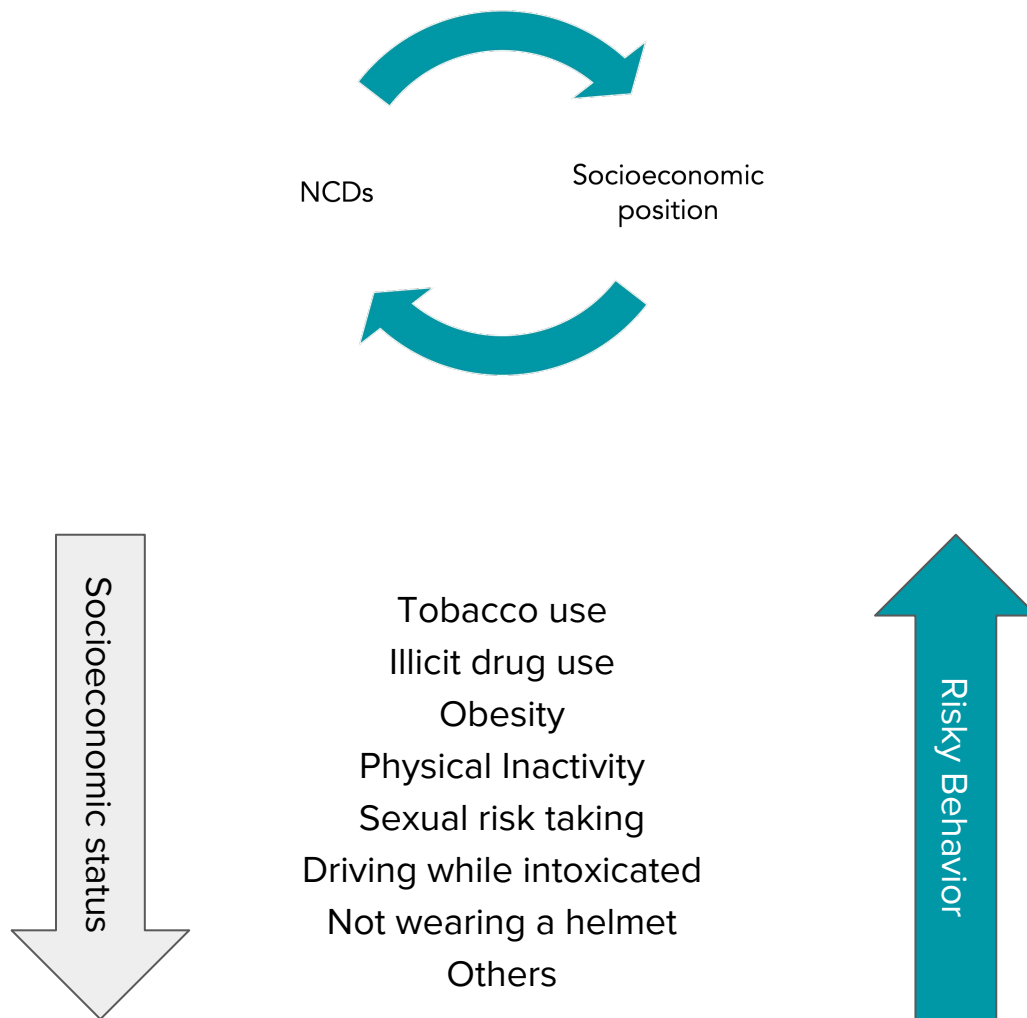
3-food desert: ان المنطقة يكون مافيه fresh food بس فيها بقالات صغيرة ومثلا أقرب سوپرماركت يبعد عنك ساعة.

## 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.



## Reverse Causality:



## How to intervene?

### 1. Context strategies tackling structural and intermediary determinants

مثلا القانون اللي صدر قبل فترة عن أن الخبز لازم يقل فيه الملح فهذا structural فمحد رح يقول لا لأنه قانون وعليه غرامات عشان كذا ال structural دائما الثقل والتأثير الأكبر يكون فيه.

### 2. Intersectoral action

مثلا لما حطوا ساهر فهو كان من قطاعين الامن و الصحة

### 3. Social participation and empowerment (informing, consulting, involving,

collaborating, empowering) الزكاة مثلا تحاول تقلل الطبقة في المجتمع ومثلا اللي ماعندهم فلوس نحط برامج الدعم.

Figure 7. Framework for tackling SDH inequities

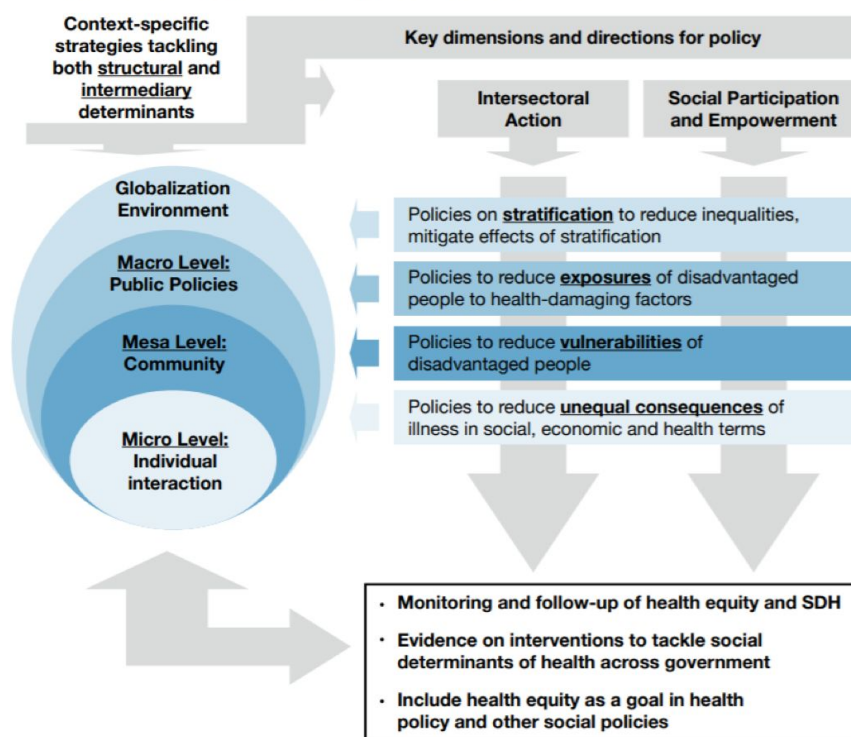


Table 3. Examples of SDH interventions

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



# Summary

## Social determinants

both specific features of and pathways by which societal conditions affect health and that potentially can be altered by informed action. **Influence health both directly & indirectly**

- Income
- Public policies
- Health services
- Employment
- Material & neighborhood factors
  - Housing:dwelling and the location
  - neighborhood environment
- Education
- Transportation
- Socio-economic status
- Built environment
- Community support networks
- Health behavior and lifestyle

## High risk groups

- Uneducated or low educational attainment
- Unemployed
- Low income
- Low social status
- Ethnic minorities
- Female

## Material & Neighborhood factors

- Housing
- Consumption potential, i.e. the financial means to buy healthy food, warm clothing, etc.
- The quality of physical working environment.
- Neighborhood environment

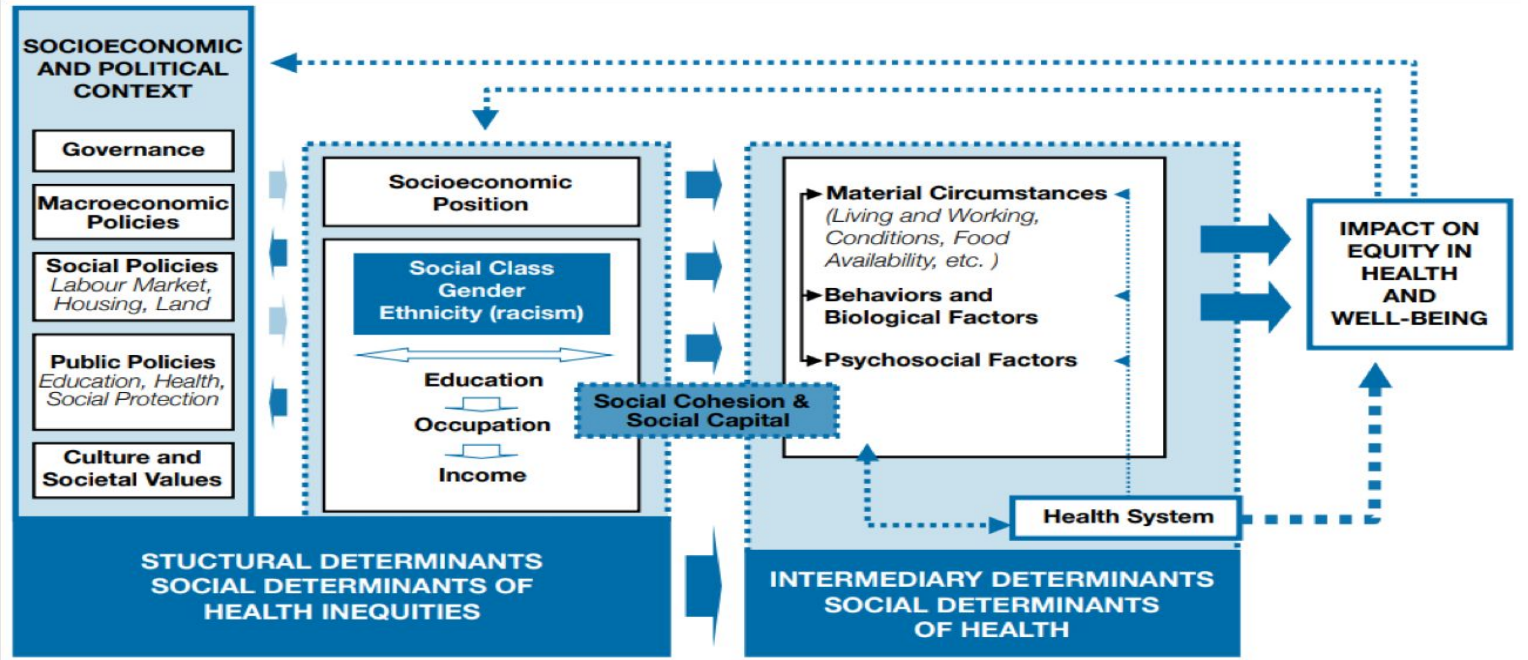
## Psychosocial Risk Factors

**Psychosocial Risk Factors increase with the low Socioeconomic status** such as:

- ◆ Stress
- ◆ Personality factors
  - Traumatic life events
  - Coping and resilience
  - Hopelessness
- ◆ Social relationships
  - social support
  - social networks

# Summary

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



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Good luck!

