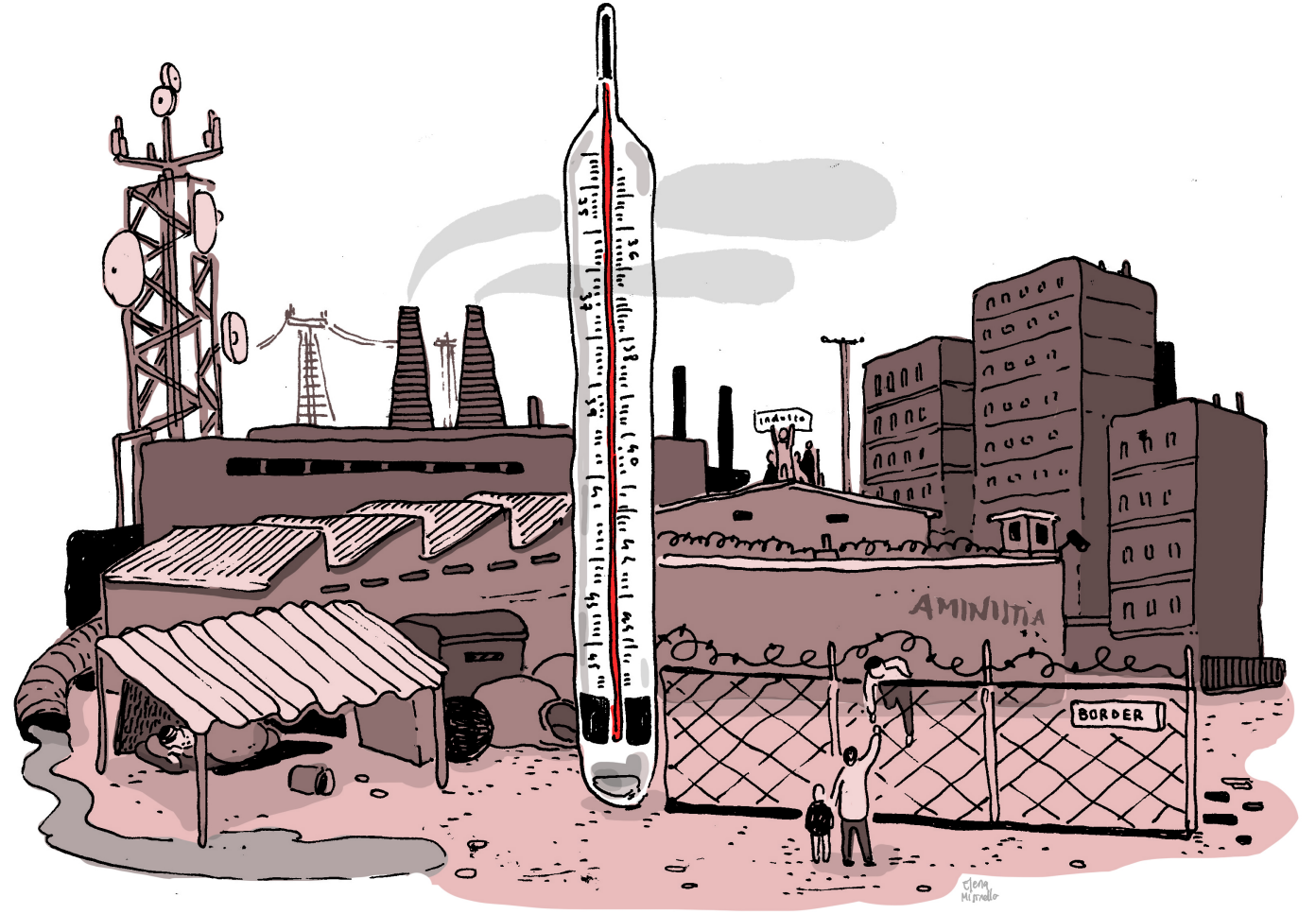


The social determination of health

Chiara Bodini

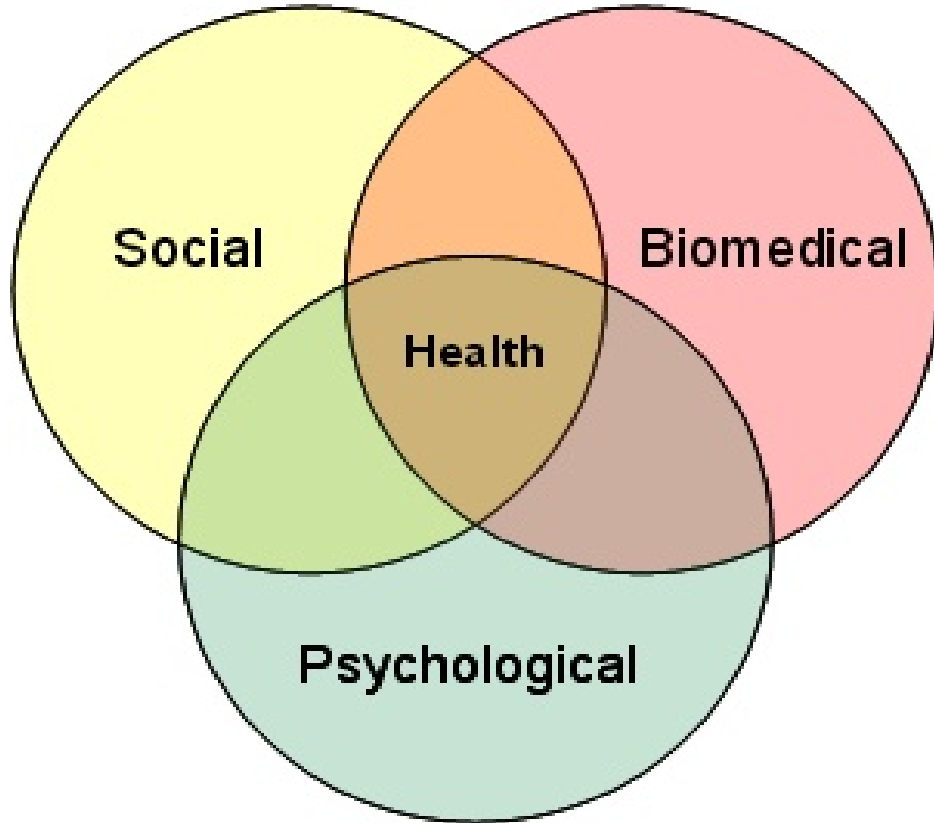


IPHU Thessaloniki – 21 September 2023



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The bio-psycho-social model



The World Health Organization (WHO) defines health as:

“a state of complete physical, mental, [spiritual] and social well-being and not merely the absence of disease or infirmity”



Commission on the Social Determinants of Health

Commission on Social Determinants of Health FINAL REPORT



World Health
Organization



Commission on
Social Determinants of Health

Closing the gap in a generation

Health equity through action on
the social determinants of health



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The social determinants of health



Determinants or determination?

<u>Social determinants</u>	<u>Social determination</u>
Society as sum of individuals	Society as a totality
Health-illness as dichotomous states	Health-illness as a dialectic process
Change achieves equilibrium; functionalist perspective	Change results from social contradictions that lead to mass movements and social conflicts.
Variables at individual level of analysis, as risk factors: income, education, job, social cohesion	Hierarchies of determination, production, reproduction at societal level
Social position generates different exposures and vulnerabilities.	Power relations, accumulation of capital, and discrimination (classism, racism, sexism) create inequality, exploitation, and chronic stress, which lead to illness and early death.
Reforms achieved through “political will” can change SDOH as risk factors. Such changes can occur within the global capitalist system.	Meaningful, lasting improvements in social determination will happen only through societal transformation, including moving beyond the characteristics of global capitalism that generate illness, early death, and fundamental threats to the future of humanity and other forms of life on planet earth.

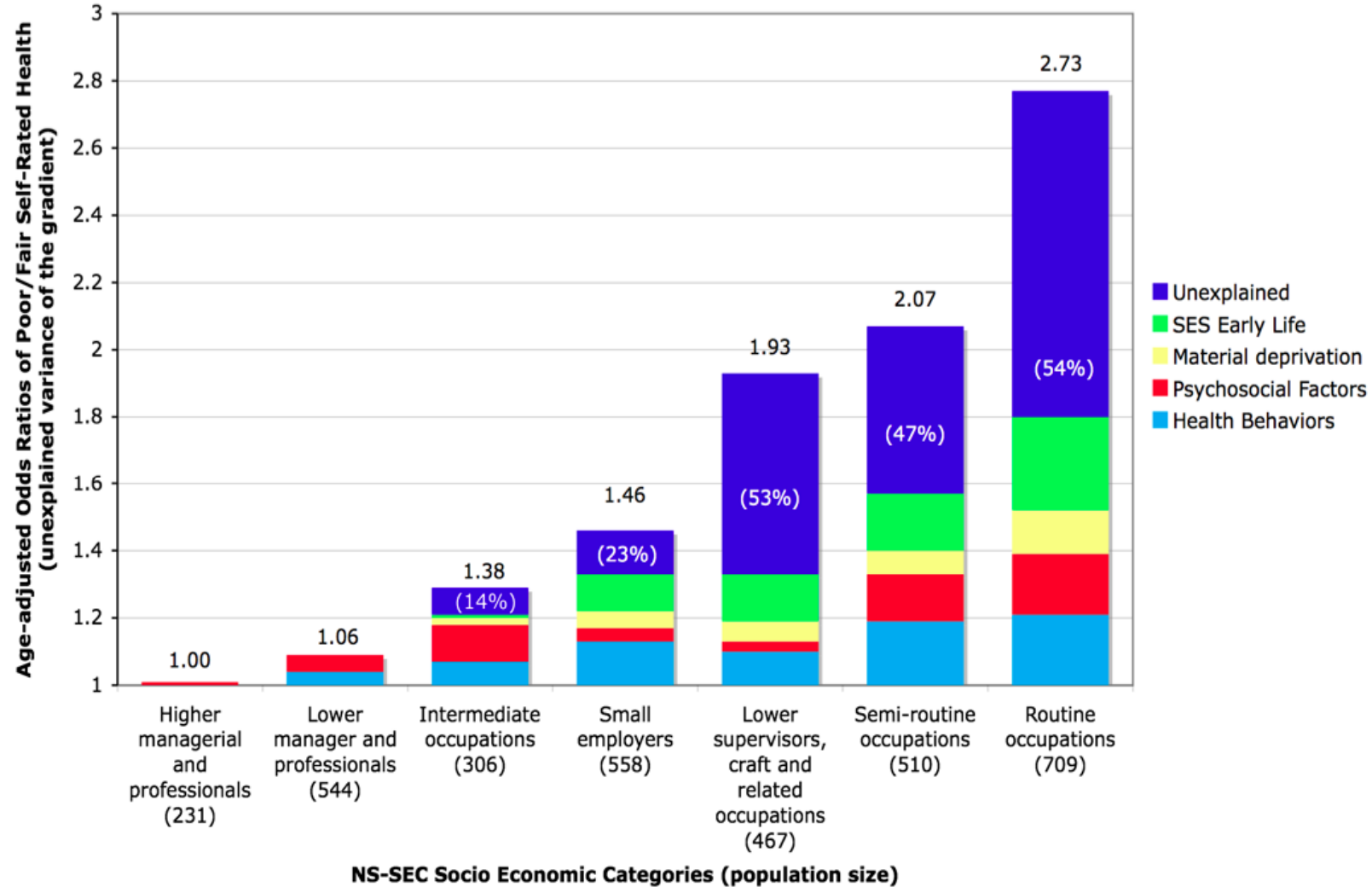
Lifecourse perspective

Socio-economic conditions act upon individuals' health status even at a distance in time. There is a described association between socio-economic conditions in early childhood and mortality in adulthood.

(D. Kuh et al., *BMJ* 2002; 325:1076-80)



Socioeconomic gradient of health



Data Source: Health Determinants Surveillance System (HDSS), 2003.



Il s'agit de remplacer une pensée qui sépare et qui réduit par une pensée qui distingue et relie.
Edgar Morin

Determinants of determinants



Credit:



The Praxis Project

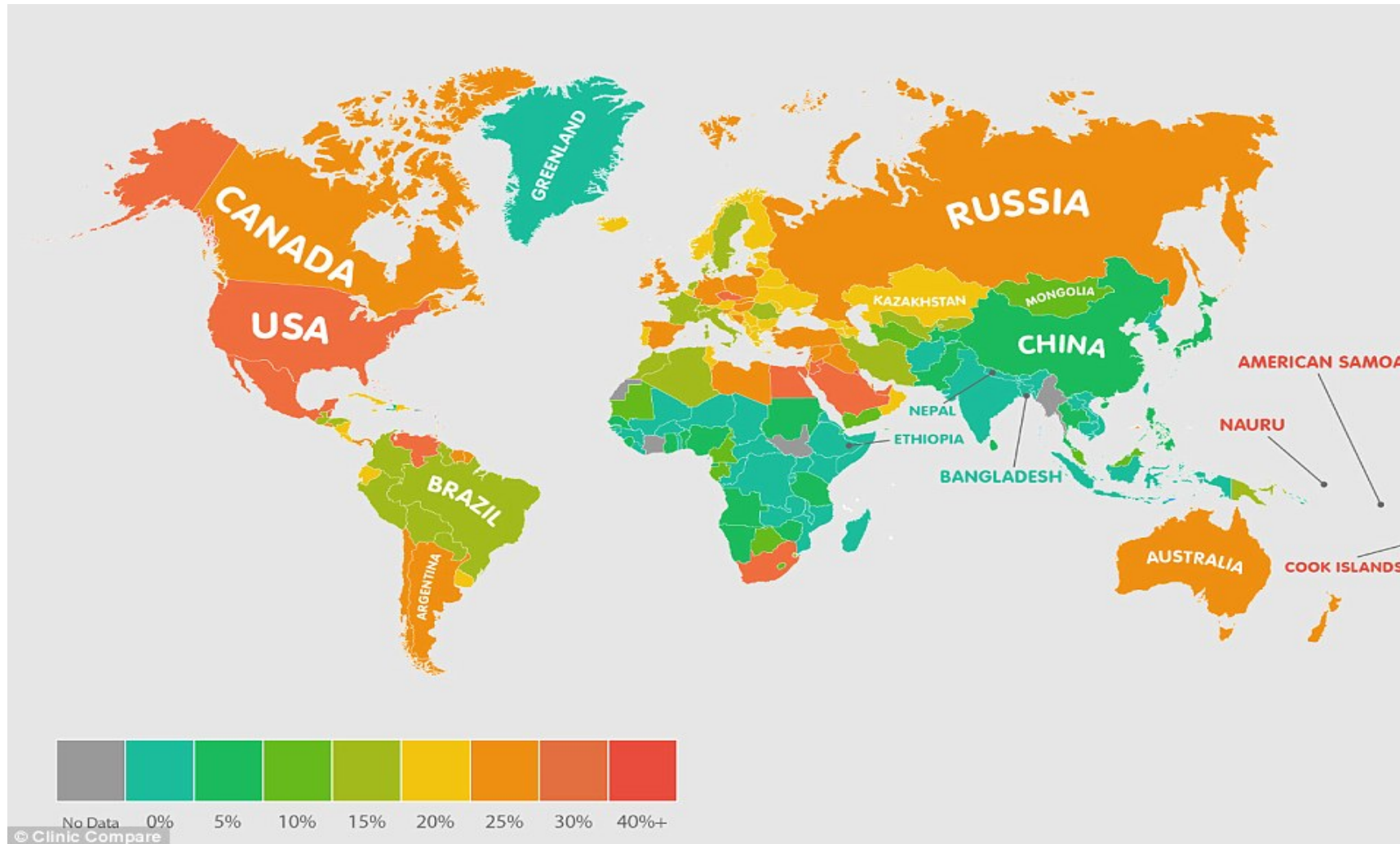
<https://www.thepraxisproject.org/>



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The obesity pandemic



© Clinic Compare



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Obesity in Europe

In the WHO/European Region



over 50%
of people are
overweight or **obese**



over 20%
of people are
obese

1 in 3

11-year-olds is



overweight
or
obese

© WHO 03/2014

www.euro.who.int/obesity

© WHO 07/2013

Determinants of a healthy diet

- According to WHO, a healthy diet is the corner stone of good health
- The three key factors that impact on a person's diet are:
 - › income
 - › education
 - › place of living

Obesity in Europe by education level

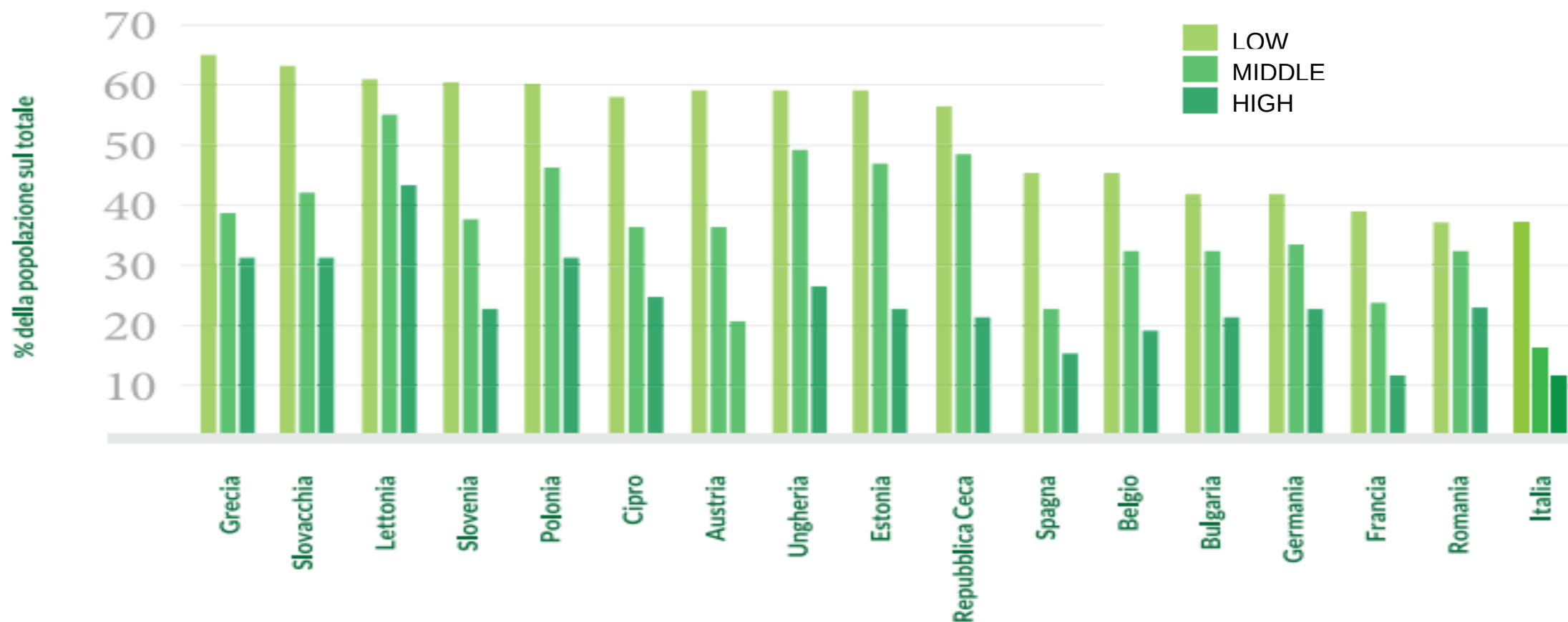


Figura 1. Rapporto tra obesità e livello di istruzione nelle donne, 2009

<https://www.disuguaglianzedisalute.it/wp-content/uploads/2015/06/Obesita.pdf>

Obesity in France by income (1997-2012)

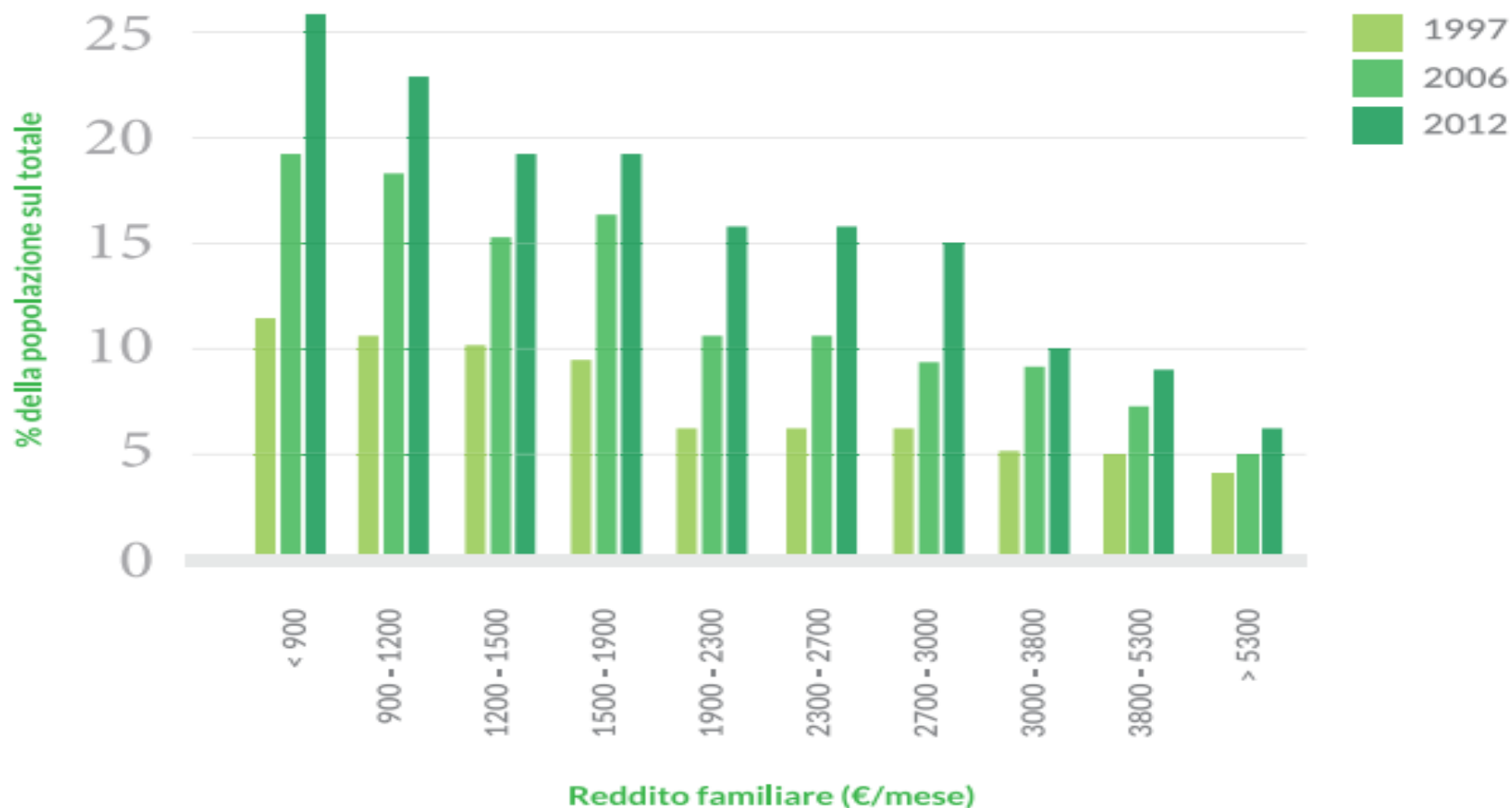


Figura 3. Francia: prevalenza di obesità nella popolazione adulta in rapporto al reddito familiare, 1997-2012

<https://www.disuguaglianzedisalute.it/wp-content/uploads/2015/06/Obesita.pdf>



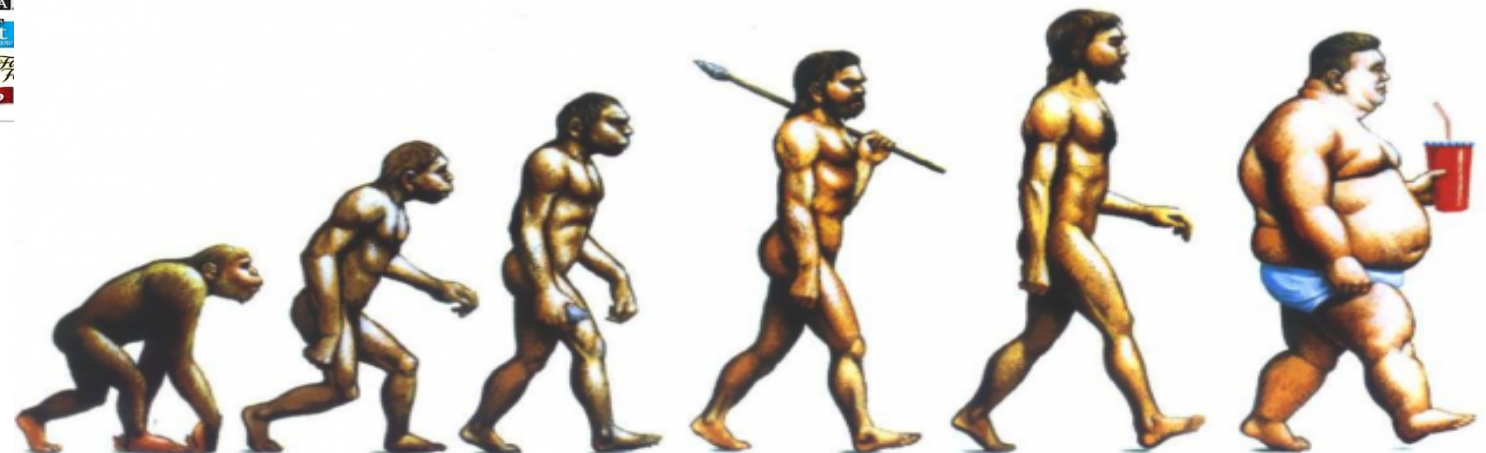
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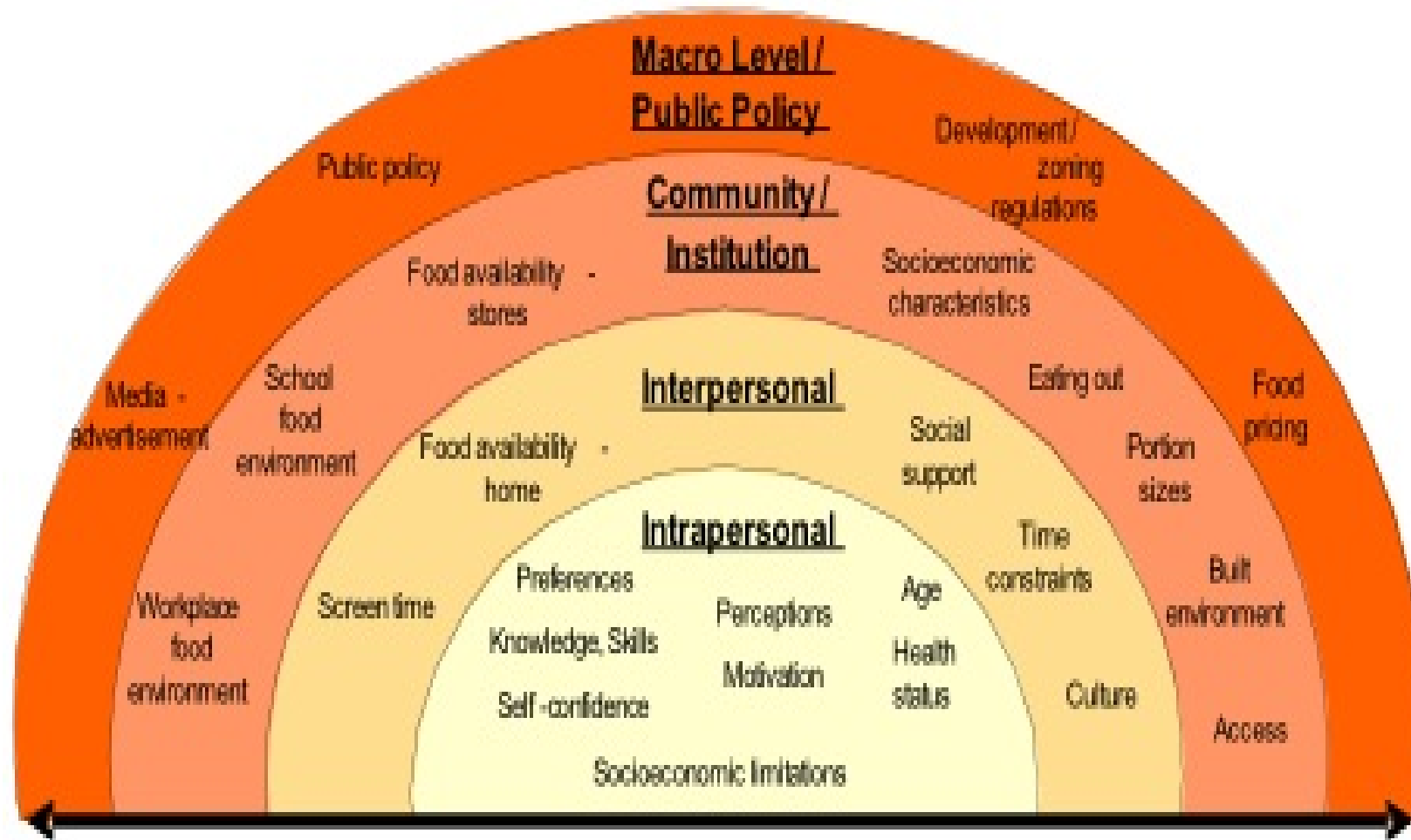
Amerika komt op gang



Obesity as a reaction to the exposure to an **obesogenic environment.**



Barriers to a healthy life



Eco-social theory (2008)

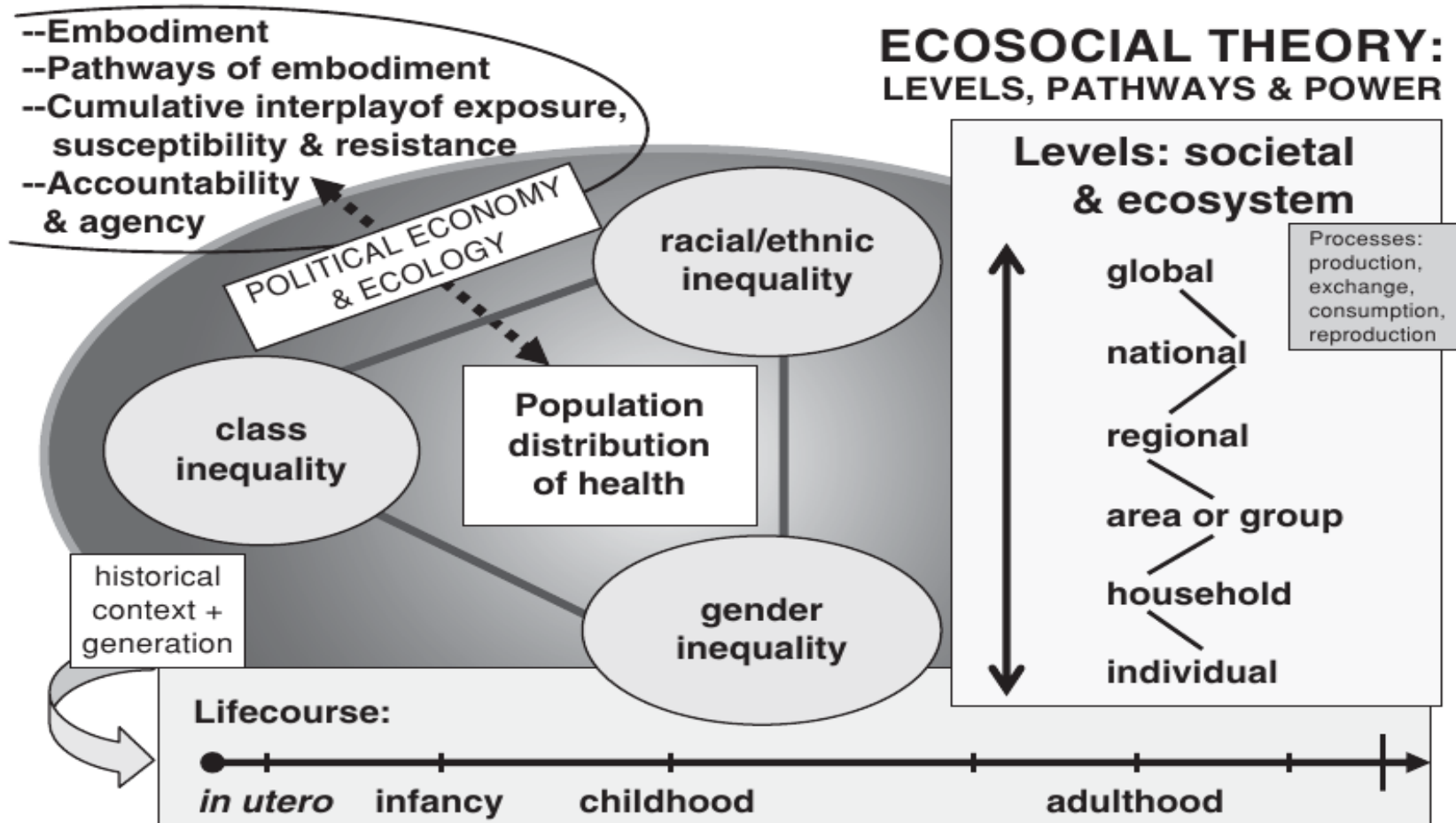


Figure 7-1. Ecosocial theory and embodying inequality: core constructs. (Krieger, 1994; Krieger, 2008a)

WHAT IS HEALTH?

an **INTERSECTIONAL** APPROACH



HEALTH IS... A STATE OF COMPLETE WELLBEING

PHYSICAL
MENTAL
SOCIAL

SOMETHING POSITIVE THAT HAPPENS IN PEOPLE'S LIVES & NOT "ABSENCE" OF DISEASE

AND IT'S SUBJECTIVE

SOCIAL FACTORS INFLUENCING HEALTH ARE CALLED SOCIAL DETERMINANTS OF HEALTH

IS A COMBINATION OF MANY PARTS OF OUR LIFE INTERTWINED

WHAT IS INTERSECTIONALITY?

A necessary lens to FRAME HEALTH & UNDERSTAND ME OF GLOBAL HEALTH CHALLENGES THE WORLD CONFRONTS TODAY

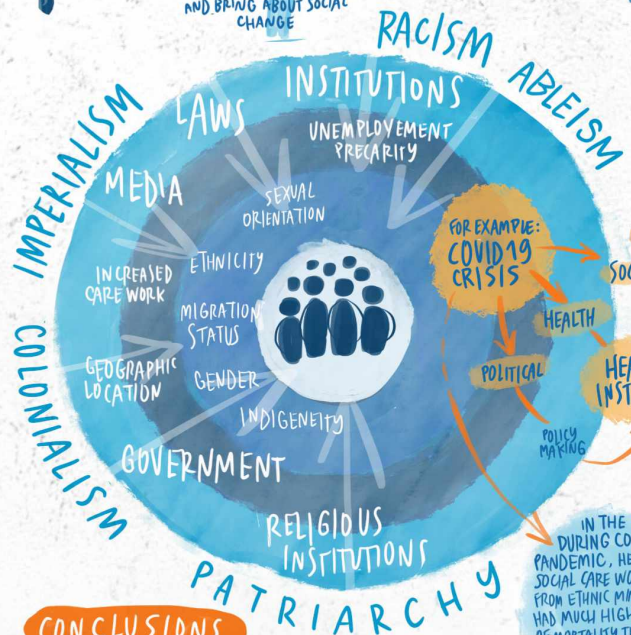
political tool to ACT ON THESE CHALLENGES AND BRING ABOUT SOCIAL CHANGE

a *prism* to THINK OF SOCIAL PROBLEMS, CONTEMPORARY WORLD & CHALLENGES OF INEQUALITIES IT CONFRONTS

INTERSECTIONALITY SHOWS THAT...

HUMAN BEINGS ARE SHAPED BY THE INTERACTIONS OF DIFFERENT SOCIAL LOCATIONS: INDIGENITY, GENDER, CLASS, SEXUALITY

EDUCATION
INCOME
ETHNICITY
GENDER



INTERSECTIONALITY ALLOWS US TO SITUATE THE INDIVIDUAL EXPERIENCES OF HEALTH WITHIN A CONTEXT OF CONNECTED SYSTEMS & STRUCTURES OF POWER SHAPING & FRAMING DISTRIBUTION OF RISK & VULNERABILITIES

HIGHER RATES OF MORTALITY
MORE LOW-PAYING JOBS
LESS AUTHORITY
LESS DECISION MAKING
LESS CAPACITY TO PROTECT THEMSELVES



MINORITY ETHNIC GROUPS

IN THE UK, DURING COVID-19 PANDEMIC, HEALTH & SOCIAL CARE WORKFORCE FROM ETHNIC MINORITIES HAD MUCH HIGHER RATES OF MORTALITY THAN THEIR COLLEAGUES

UK HEALTH & SOCIAL WORKERS

Why?

SOME STRUCTURAL FORMS OF INEQUALITIES & DISCRIMINATIONS THAT ALLOWED THIS SITUATION TO HAPPEN

ACT

RESISTING AND CHALLENGING THE LINKS BETWEEN ECONOMIC, TRADE, SOCIAL AND PUBLIC POLICIES UNDERMINING ACCESS AND THE EXPERIENCES OF THOSE WHO ARE HARDEST HIT.

CONCLUSIONS

REJECT A PREDETERMINED HIERARCHY OF VULNERABLE GROUPS, A STATIC CONCEPTION OF HEALTH PROBLEMS WE FACE. UNIVERSAL CONCEPTION OF THE PROBLEM & PEOPLE'S EXPERIENCES IS SOMETHING THAT WE NEED TO CHALLENGE.

LOOK AT RISKS AND IMPACTS THAT ARE SHAPED BY THIS WEB OF INTERSECTING FACTORS, WHICH ARE EXPERIENCED AT INDIVIDUAL AND GROUP LEVELS, BUT ARE SHAPED BY PROCESSES & STRUCTURES OF POWER TO CREATE AN INTERPLAY OF OPPRESSION AND PRIVILEGES.

"THERE IS NO SINGLE ISSUE STRUGGLE, BECAUSE WE DO NOT LIVE SINGLE ISSUE LIVES". AUDREY LORDE



10 tips for staying healthy

1. Don't smoke. If you can, stop. If you can't, cut down.

2. Follow a balanced diet with plenty of fruit and vegetables.

3. Keep physically active.

4. Manage stress by, for example, talking things through and making time to relax.

5. If you drink alcohol, do so in moderation.

6. Cover up in the sun, and protect children from sunburn.

7. Practise safer sex.

8. Take up cancer screening opportunities.

9. Be safe on the roads: follow the Highway Code.

10. Learn the First Aid ABC: airways, breathing, circulation.

1. Don't be poor. If you can, stop. If you can't, try not to be poor for long.

2. Don't have poor parents.

3. Own a car.

4. Don't work in a stressful, low paid manual job.

5. Don't live in damp, low quality housing.

6. Be able to afford to go on a foreign holiday and sunbathe.

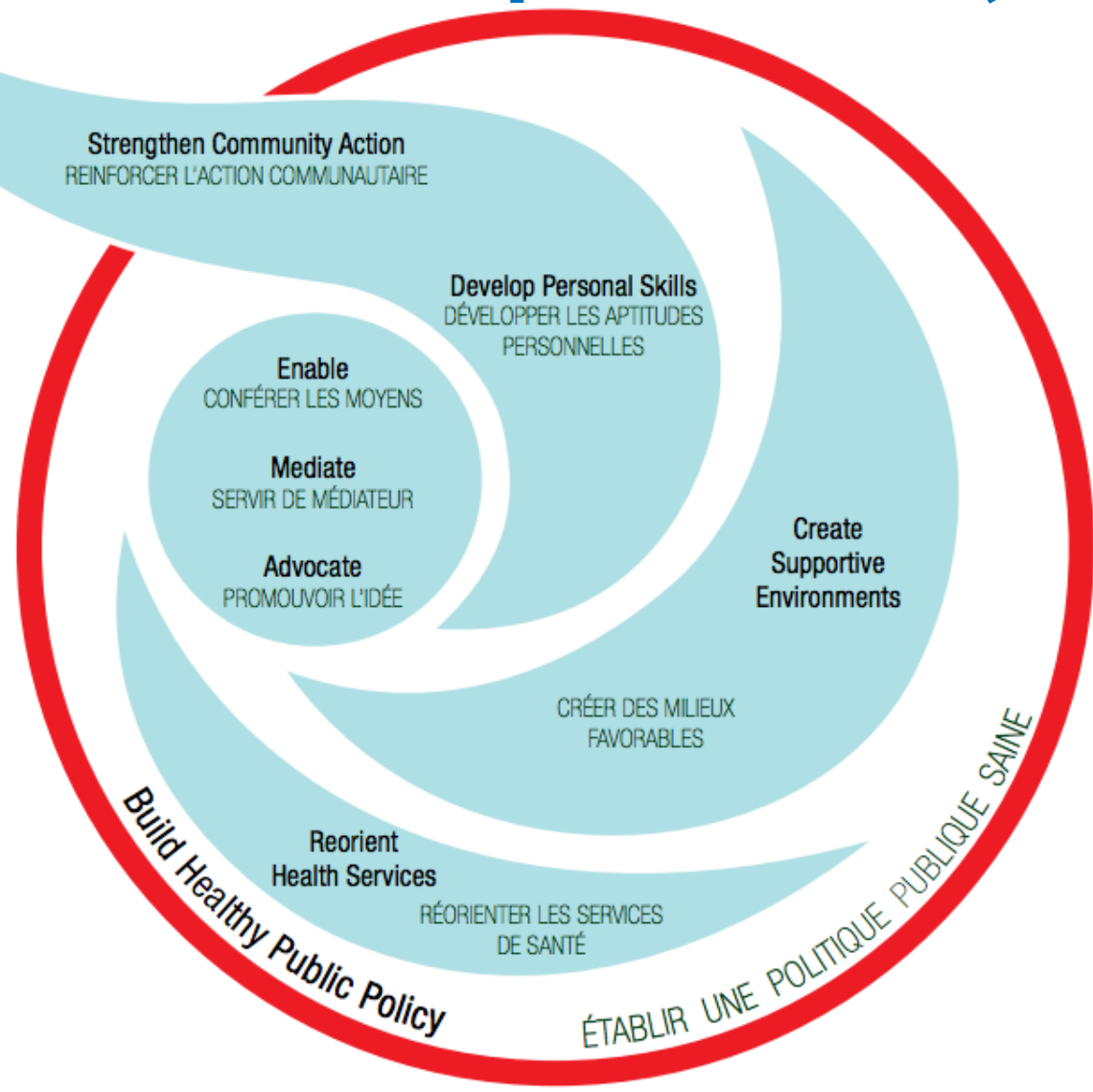
7. Practice not losing your job and don't become unemployed.

8. Take up all benefits you are entitled to, if you are unemployed, retired or sick or disabled.

9. Don't live next to a busy major road or near a polluting factory.

10. Learn how to fill in the complex housing benefit/asylum application forms before you become homeless and destitute.

Ottawa charter for health promotion (WHO, 1986)



Closing the gap in a generation (WHO, 2008)

The Commission's overarching recommendations

1 Improve Daily Living Conditions

Improve the well-being of girls and women and the circumstances in which their children are born, put major emphasis on early child development and education for girls and boys, improve living and working conditions and create social protection policy supportive of all, and create conditions for a flourishing older life. Policies to achieve these goals will involve civil society, governments, and global institutions.

2 Tackle the Inequitable Distribution of Power, Money, and Resources

In order to address health inequities, and inequitable conditions of daily living, it is necessary to address inequities – such as those between men and women – in the way society is organized. This requires a strong public sector that is committed, capable, and adequately financed. To achieve that requires more than strengthened government – it requires strengthened governance: legitimacy, space, and support for civil society, for an accountable private sector, and for people across society to agree public interests and reinvest in the value of collective action. In a globalized world, the need for governance dedicated to equity applies equally from the community level to global institutions.

3 Measure and Understand the Problem and Assess the Impact of Action

Acknowledging that there is a problem, and ensuring that health inequity is measured – within countries and globally – is a vital platform for action. National governments and international organizations, supported by WHO, should set up national and global health equity surveillance systems for routine monitoring of health inequity and the social determinants of health and should evaluate the health equity impact of policy and action. Creating the organizational space and capacity to act effectively on health inequity requires investment in training of policy-makers and health practitioners and public understanding of social determinants of health. It also requires a stronger focus on social determinants in public health research.



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Credit:



The Praxis Project



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INTERSECTIONALITY OF THE STRUGGLE(S) FOR HEALTH

LOCAL & GLOBAL CHALLENGES AND INEQUALITIES ARE CROSSED BY SYSTEMS OF DOMINATION (CAPITALISM, PATRIARCHY, COLONIALISM).

SO, HEALTH, CLIMATE, GENDER, LIBERATION STRUGGLES NEED TO BE APPROACHED WITH AN INTERSECTIONAL PERSPECTIVE.



ONLY BY UNITING STRUGGLES WE CAN BRING SYSTEMIC CHANGE FOR GLOBAL JUSTICE



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“The primary determinants of disease are mainly economic and social, and therefore its remedies must also be economic and social. Medicine and politics cannot and should not be kept apart”.

Geoffrey Rose

“The strategy of preventive medicine”, 1992.

THANK YOU!

*“To do nothing
is as much a
political
decision as to
challenge an
issue head-
on”.*

Delamothe T., 2002



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