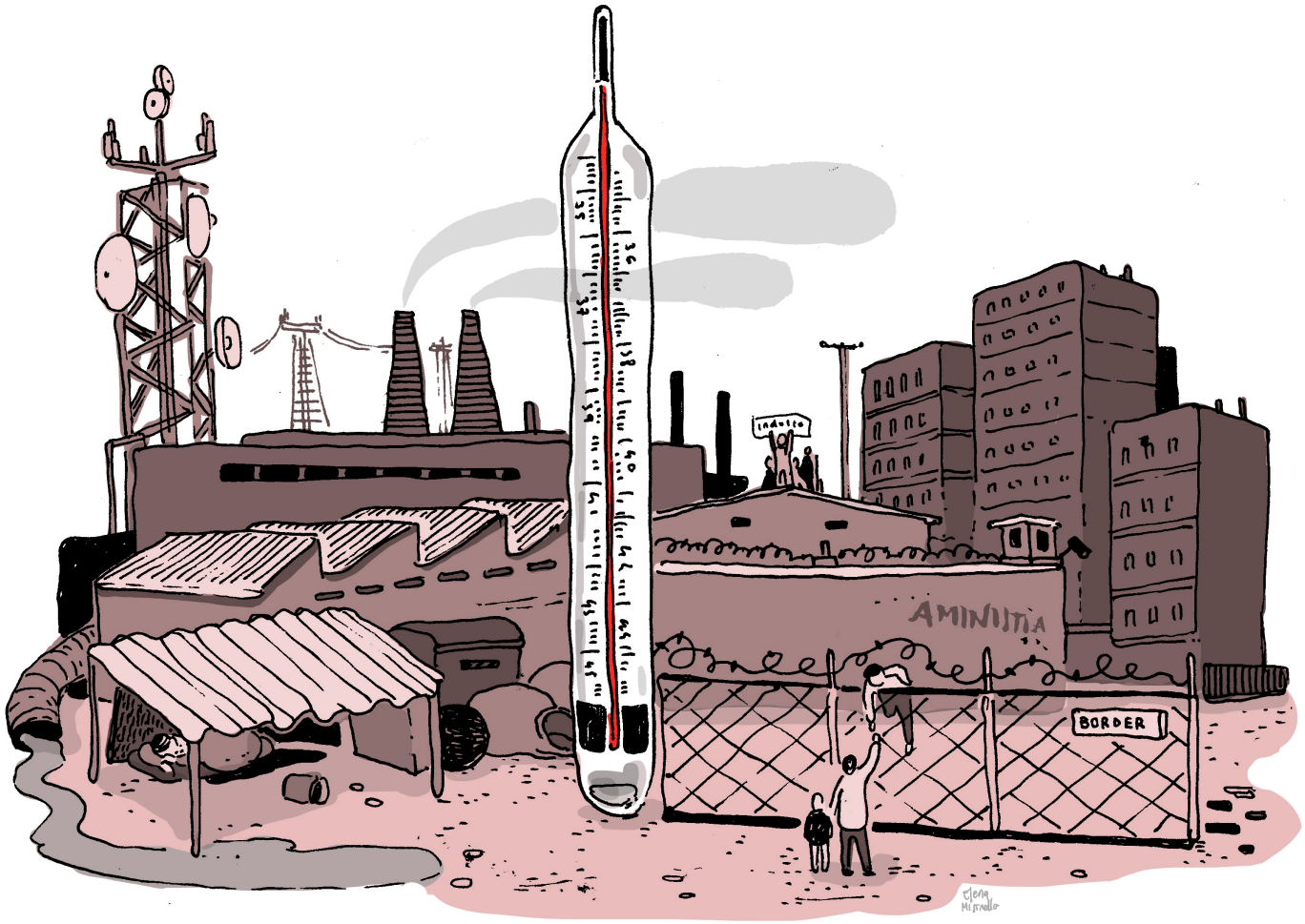
The social determination of health

Chiara Bodini



IPHU Thessaloniki – 21 September 2023

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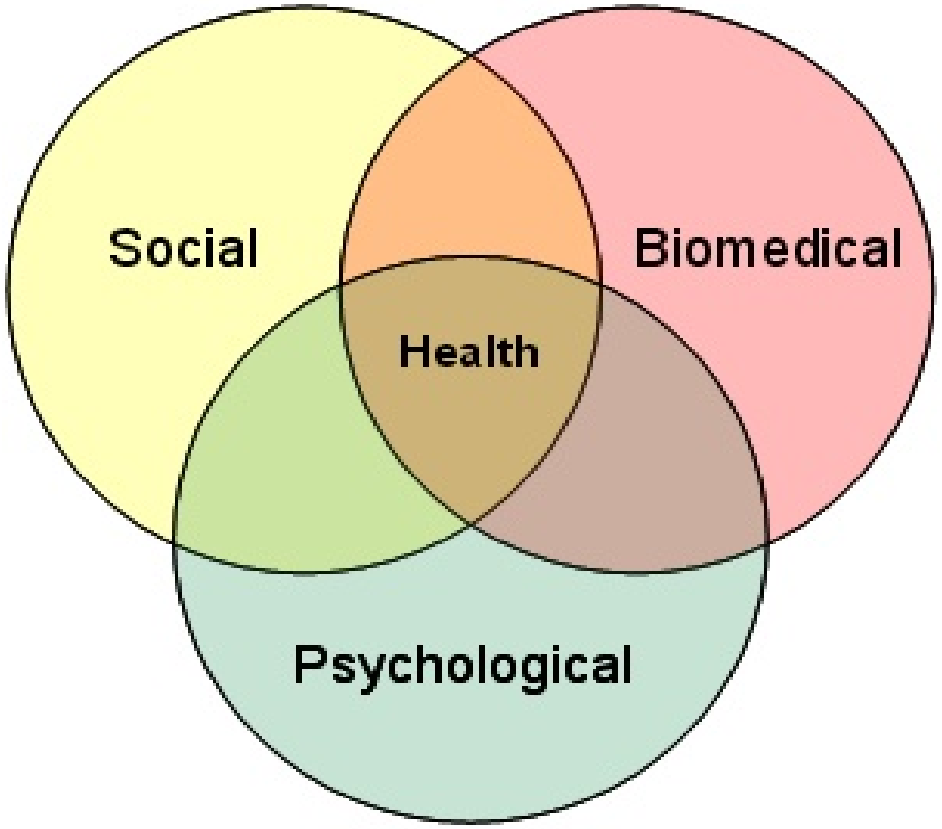
The bio-psycho-social model



The World Health Organization (WHO) defines health as:

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

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Commission on the Social Determinants of Health

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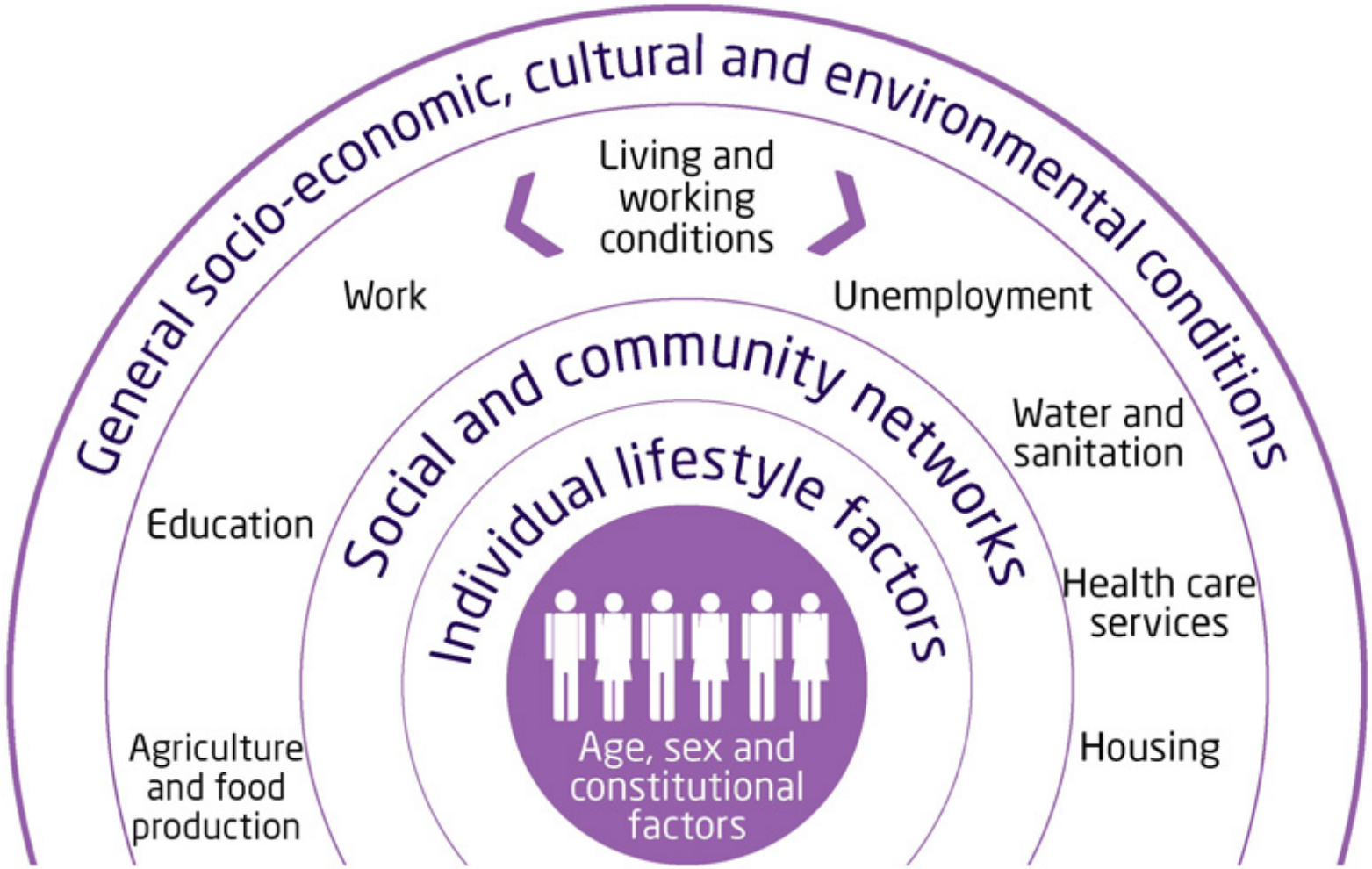
The social determinants of health



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Determinants or determination?

Social determinants	Social determination
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.

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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)

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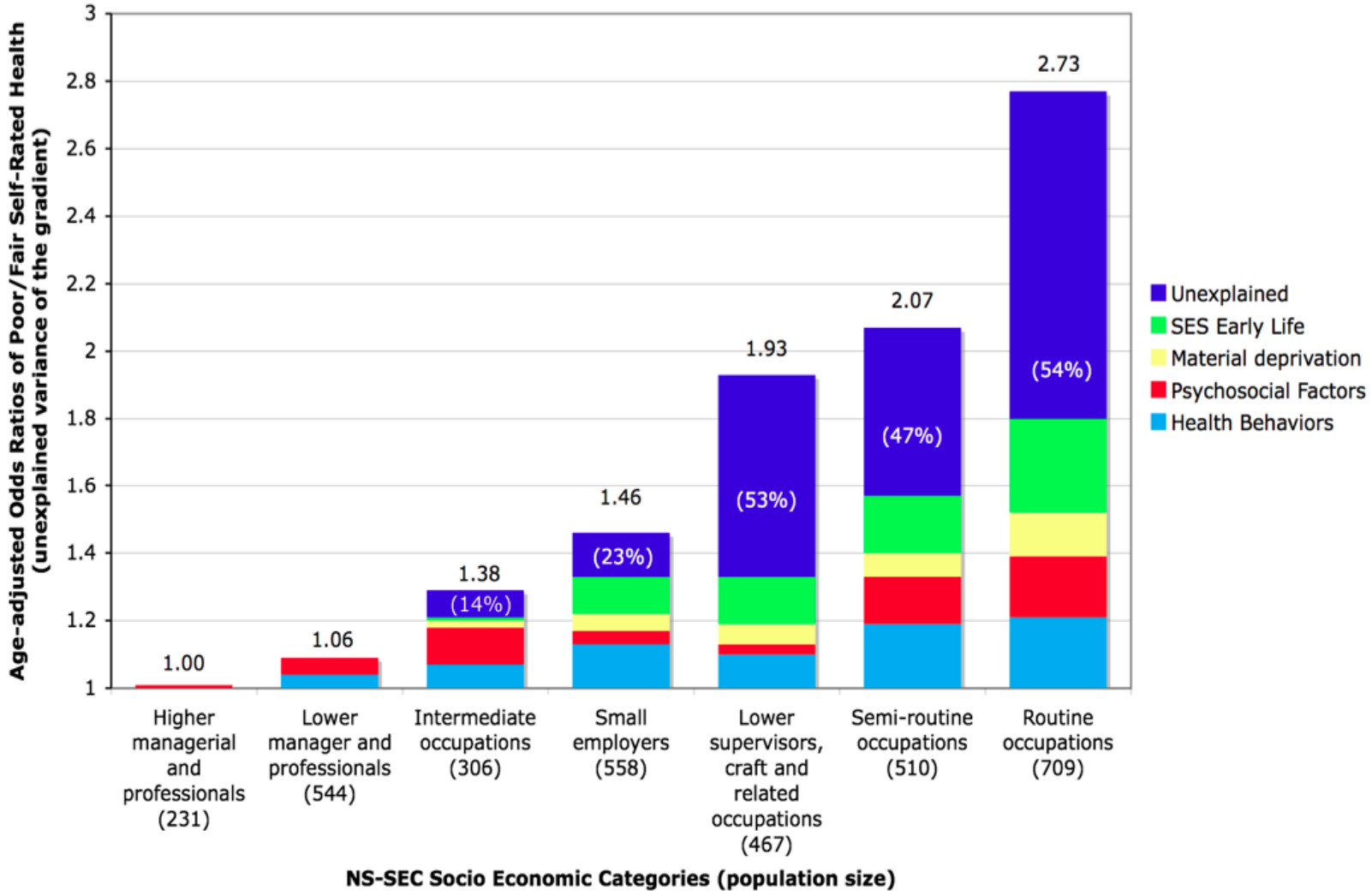
Socioeconomic gradient of health



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

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

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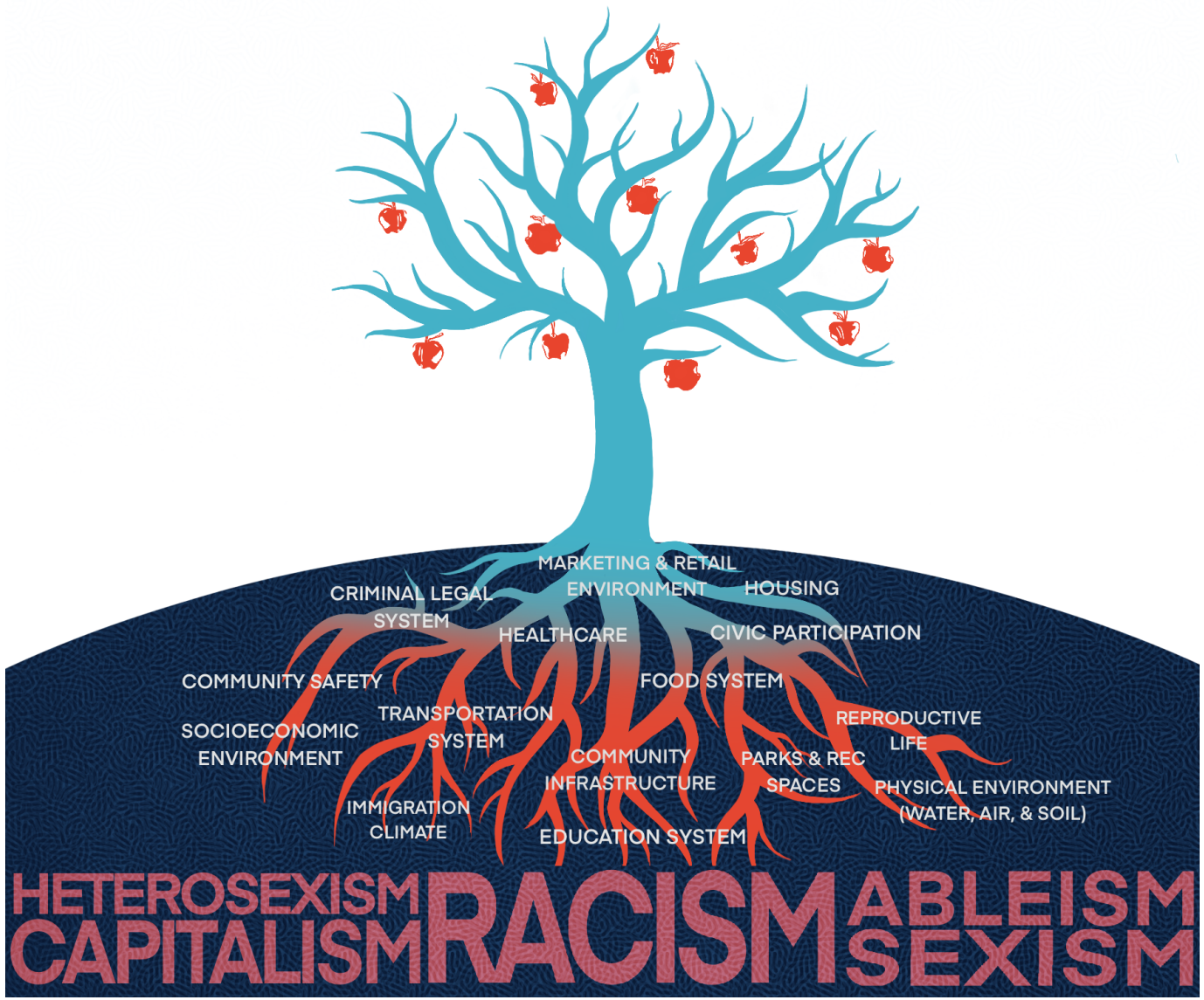
Determinants of determinants



Credit:

The Praxis Project

https://www.thepraxisproject.org/

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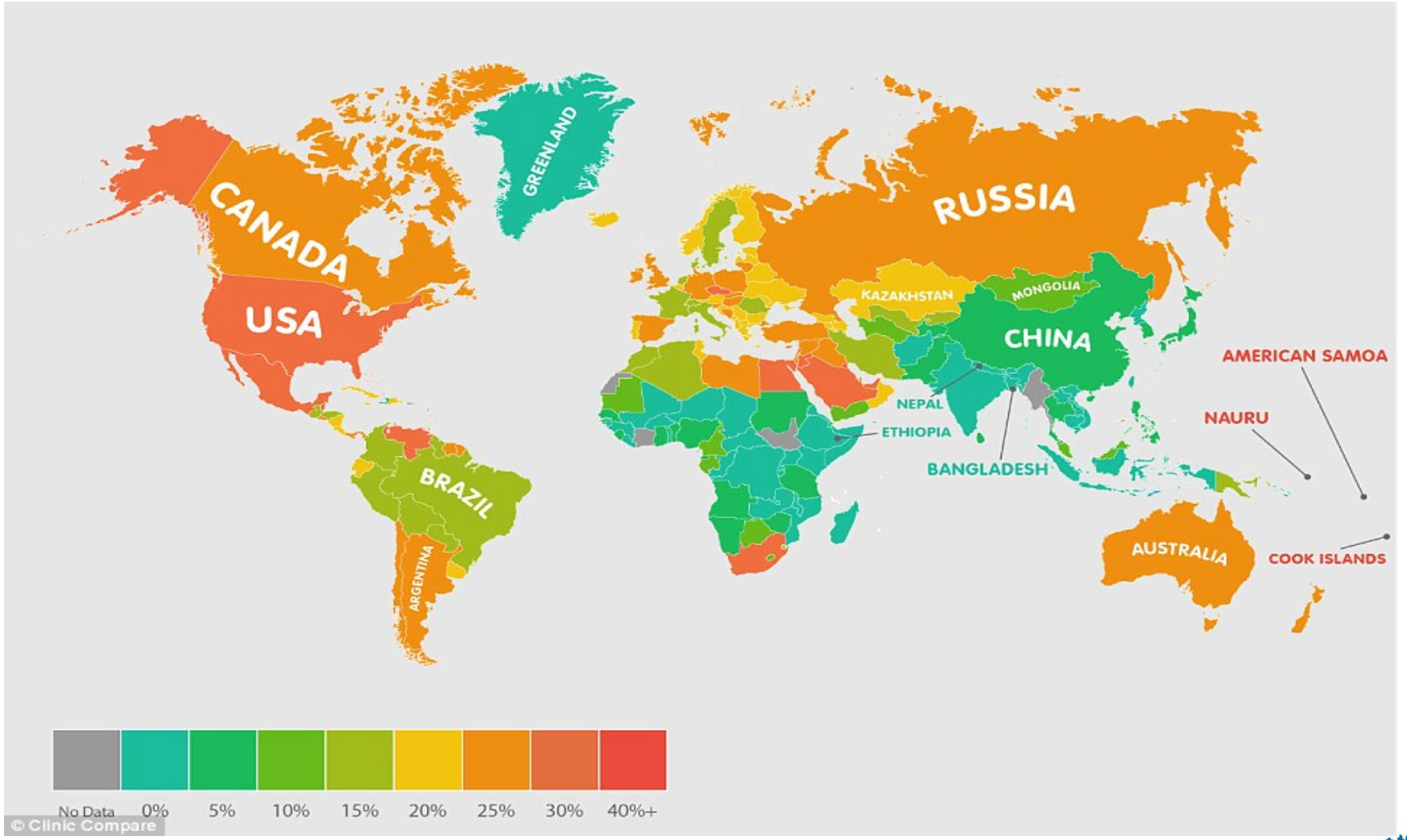
The obesity pandemic



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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

www.euro.who.int/obesity

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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

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Obesity in Europe by education level

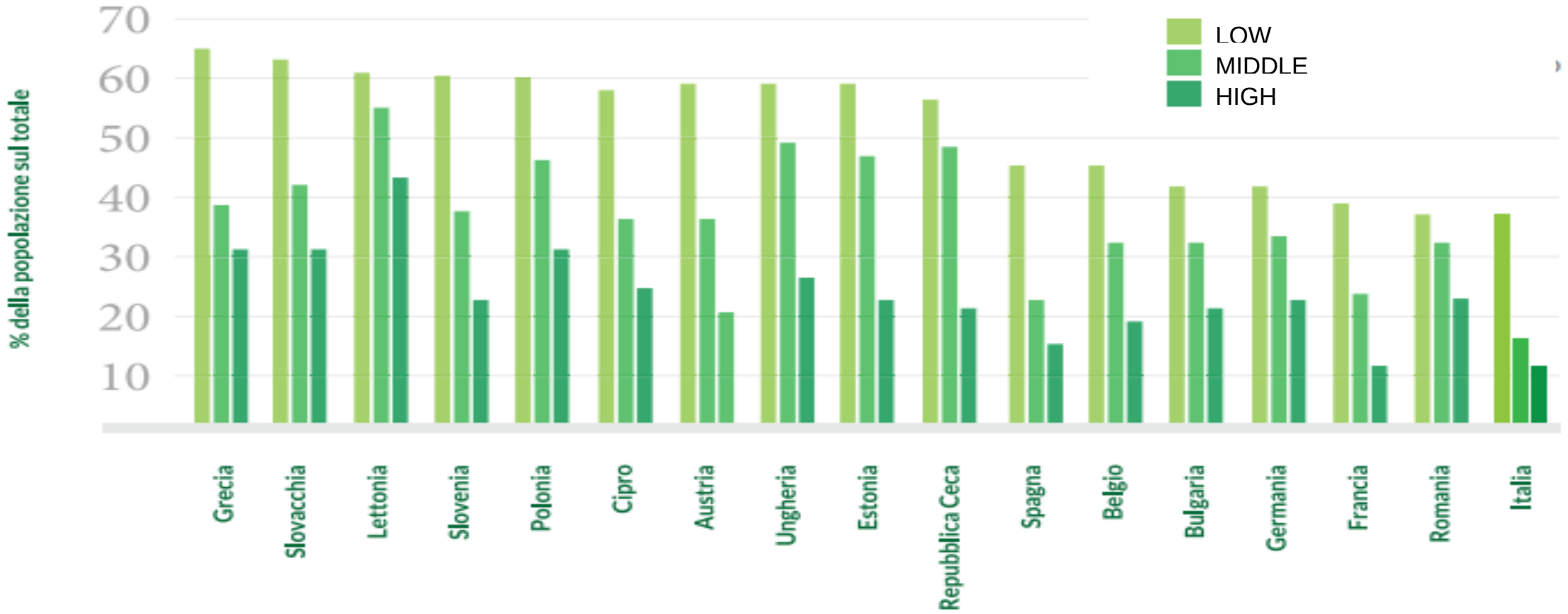

Figura 1. Rapporto tra obesità e livello di istruzione nelle donne, 2009

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

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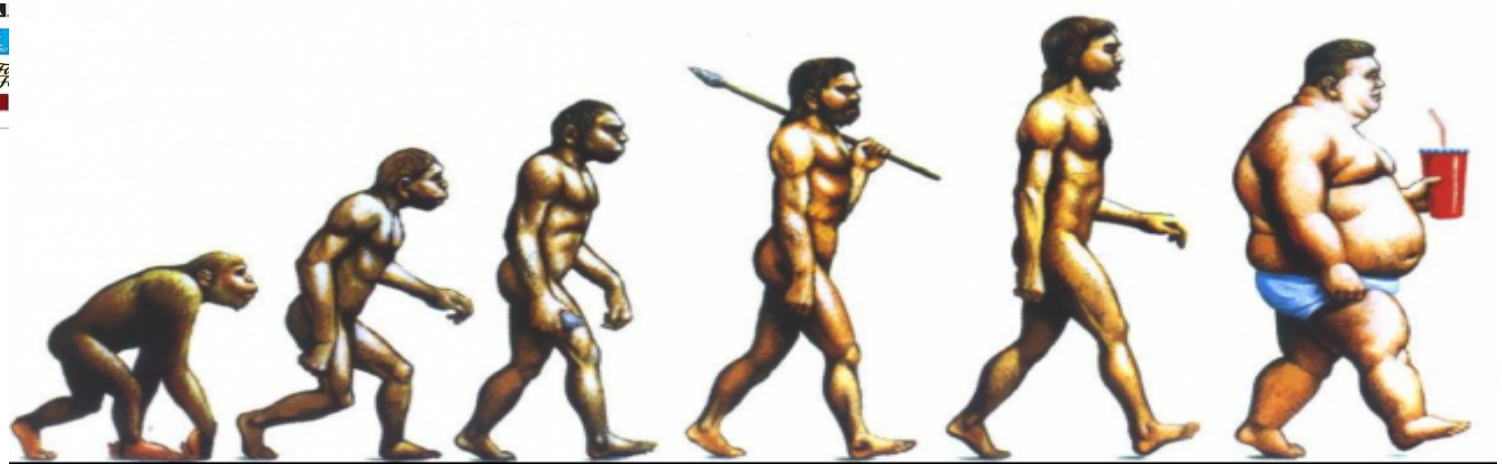
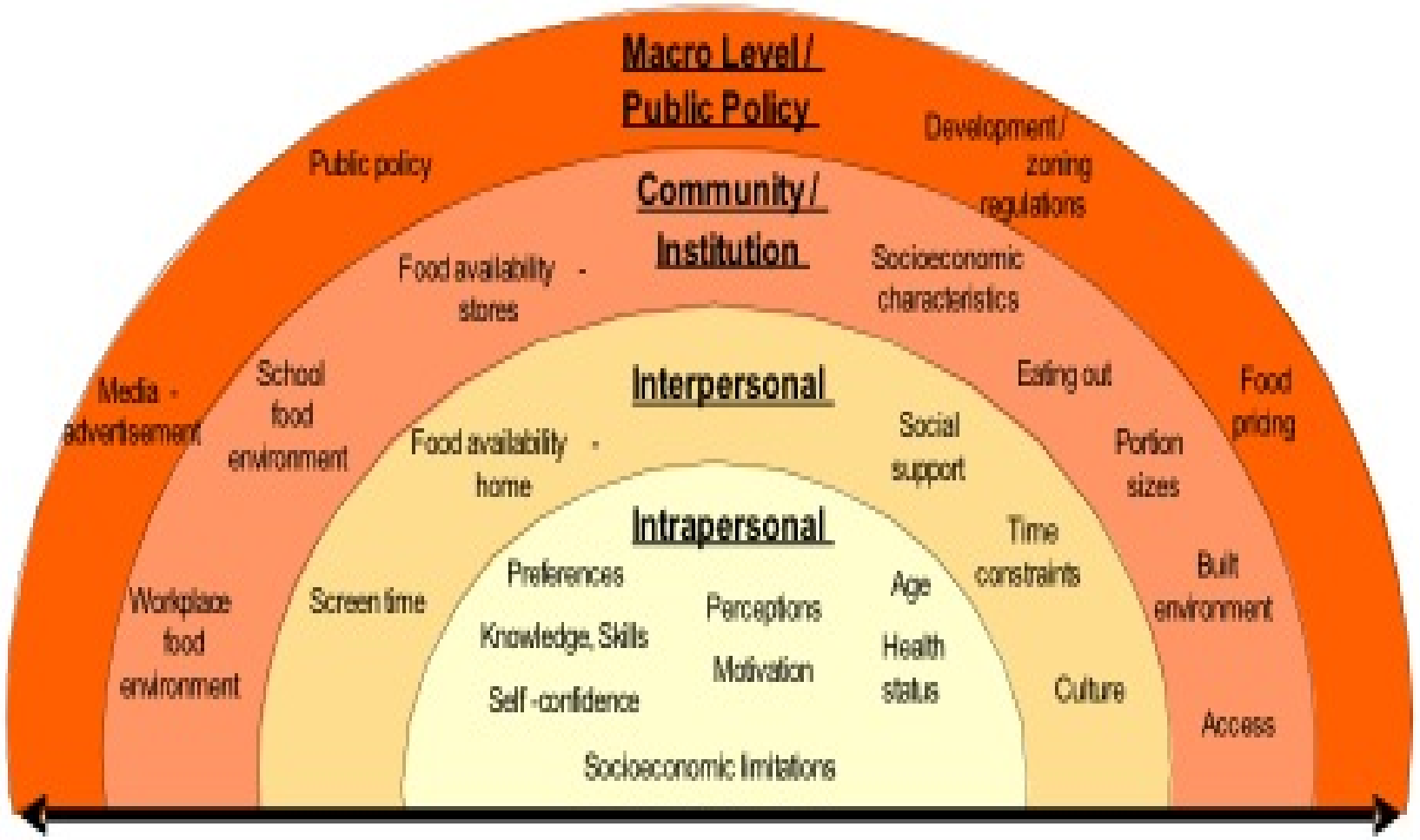
Obesity as a reaction to the exposure to an **obesogenic environment**.



Barriers to a healthy life



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Eco-social theory (2008)

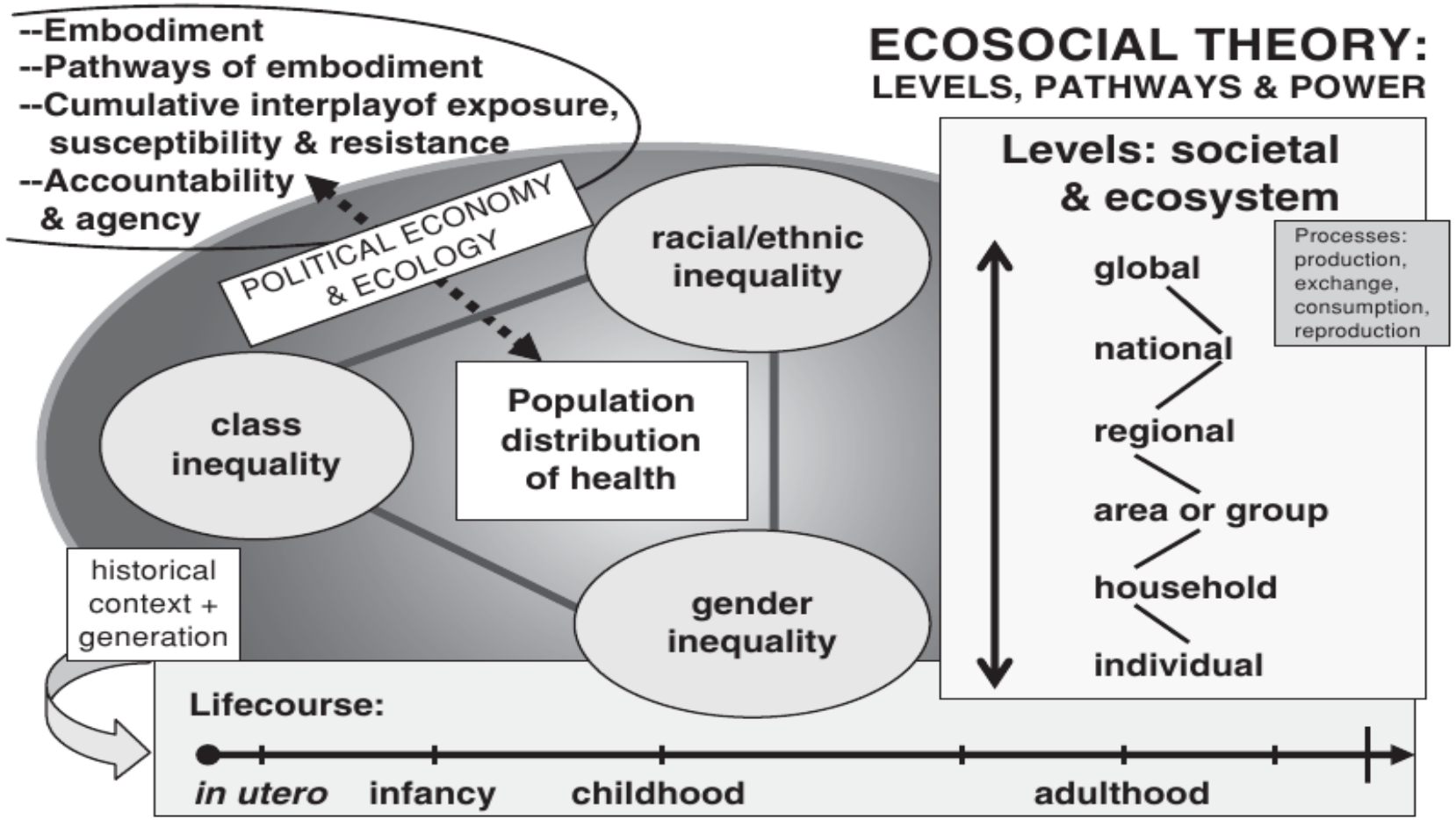

Figure 7–1. Ecosocial theory and embodying inequality: core constructs. (Krieger, 1994; Krieger, 2008a)

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Created by Carlotta Cataldi with Salut Drets Acciόό based on the work by Anuj Kapilashrami and Chiara Bodini for the People's Health Movement.

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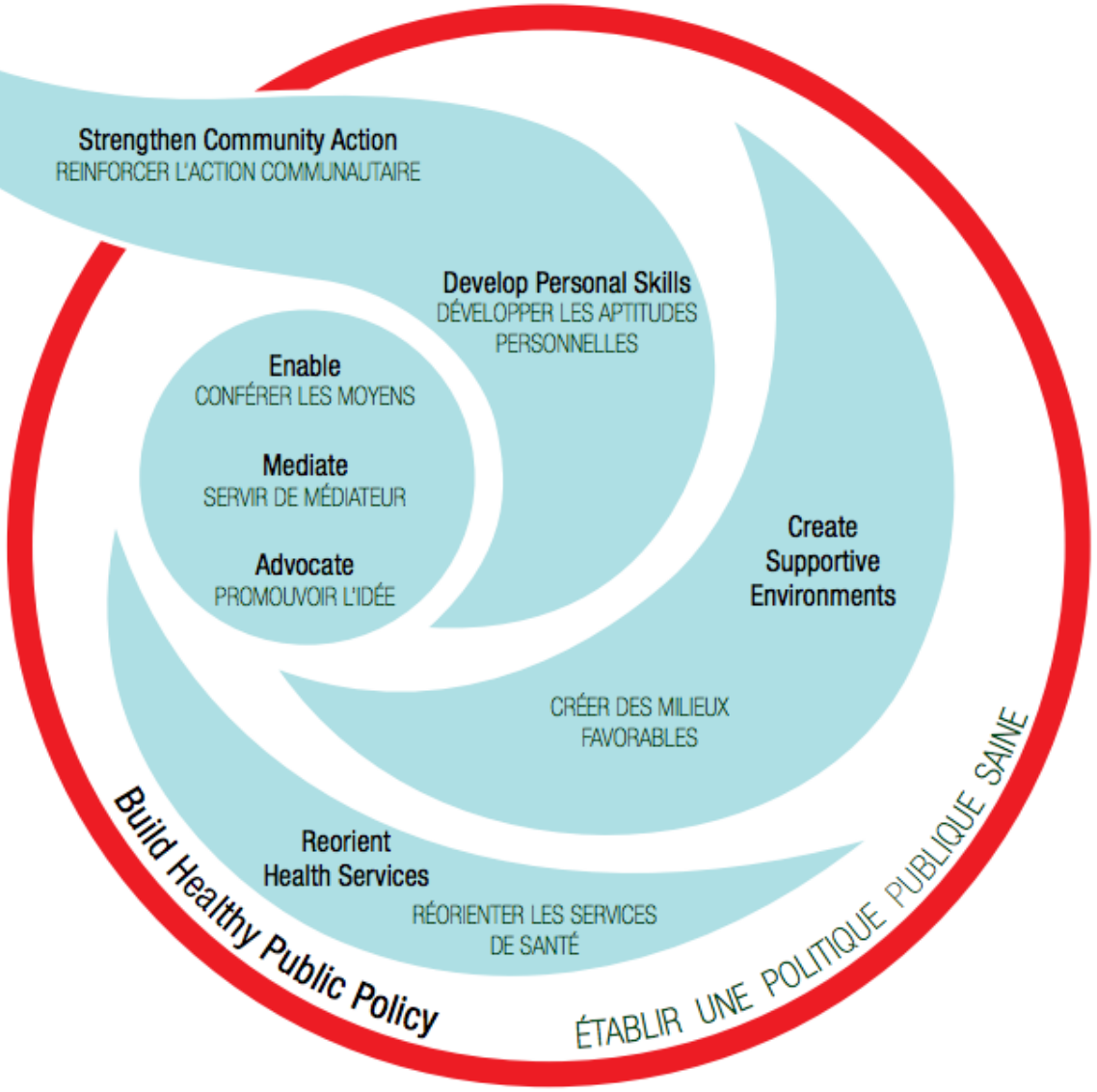
10 tips for staying healthy

1. Don't smoke. If you can, stop. If you can't, cut down.	1. Don't be poor. If you can, stop. If you can't, try not to be poor for long.
2. Follow a balanced diet with plenty of fruit and vegetables.	2. Don't have poor parents.
3. Keep physically active.	3. Own a car.
4. Manage stress by, for example, talking things through and making time to relax.	4. Don't work in a stressful, low paid manual job.
5. If you drink alcohol, do so in moderation.	5. Don't live in damp, low quality housing.
6. Cover up in the sun, and protect children from sunburn.	6. Be able to afford to go on a foreign holiday and sunbathe.
7. Practise safer sex.	7. Practice not losing your job and don't become unemployed.
8. Take up cancer screening opportunities.	8. Take up all benefits you are entitled to, if you are unemployed, retired or sick or disabled.
9. Be safe on the roads: follow the Highway Code.	9. Don't live next to a busy major road or near a polluting factory.
10. Learn the First Aid ABC: airways, breathing, circulation.	10. Learn how to fill in the complex housing benefit/asylum application forms before you become homeless and destitute.

Donaldson, 1999

Gordon, 1999

Ottawa charter for health promotion (WHO, 1986)



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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

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.

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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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