

## Social Determinants of Health

### The Issue-Why Iowa zip codes may be more important to Iowans health than their genetic code

*Some Iowans will die 20 years earlier than others who live just a short distance away because of differences in social determinants such as education, income, race, ethnicity, and where they live. These Iowans die prematurely from preventable health problems and their health is greatly influenced by these powerful social determinants. We must find ways to reverse the negative effects of these determinants and enable more people to lead healthy lives and avoid getting sick in the first place.*

"Social Determinants of Health" are conditions under which people live and work that influence health and quality of life. They are "societal risk conditions", rather than individual risk factors that either increase or decrease the risk of disease, such as Type 2 diabetes (The Canadian Facts, 2010). There is growing evidence supporting the impact determinants on health throughout the lifespan.

### The Social Determinants of Health Model

The Social Determinants of Health Model lists the major social determinants categorized under the political, global, social, economic, cultural, biological, physical, environmental and behavioral factors that influence health.

**GLOBAL FORCES**  
World economics, markets & trade, environmental conditions eg global warming & man made natural disasters etc.

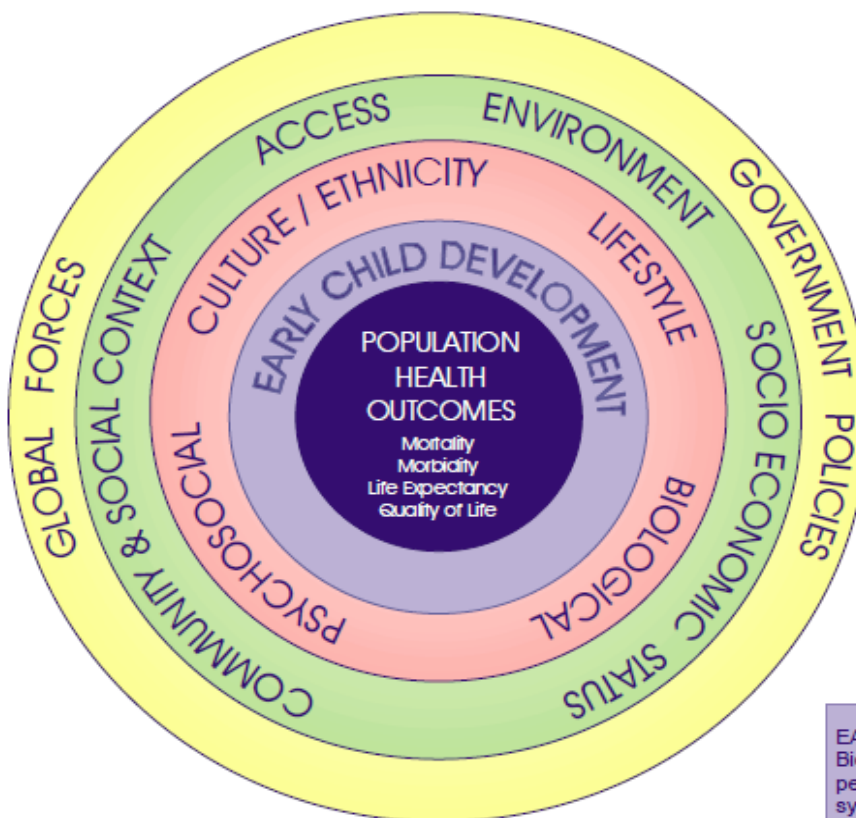
**GOVT POLICIES**  
Economic, welfare, housing, taxation, local regional national priorities, public safety initiatives etc.

**LIFESTYLE**  
Diet & nutrition, tobacco, alcohol & other drug use etc.

**PSYCHOSOCIAL**  
Self esteem, coping, isolation, level of control, anxiety, stress, depression, anger etc.

**BIOLOGICAL**  
Age, gender, genes etc.

**CULTURE & ETHNICITY**  
Social & cultural traditions, belief & meaning systems, attitudes, values & norms etc.



**ENVIRONMENT**  
Air, water, noise & soil quality built environment housing, workplace, transport systems etc.

**ACCESS TO SERVICES**  
Primary, secondary, tertiary health care, social services, transport, housing, leisure, education, employment services, recreational facilities etc.

**SOCIO ECONOMIC STATUS**  
Wealth, income, education, occupation, employment etc.

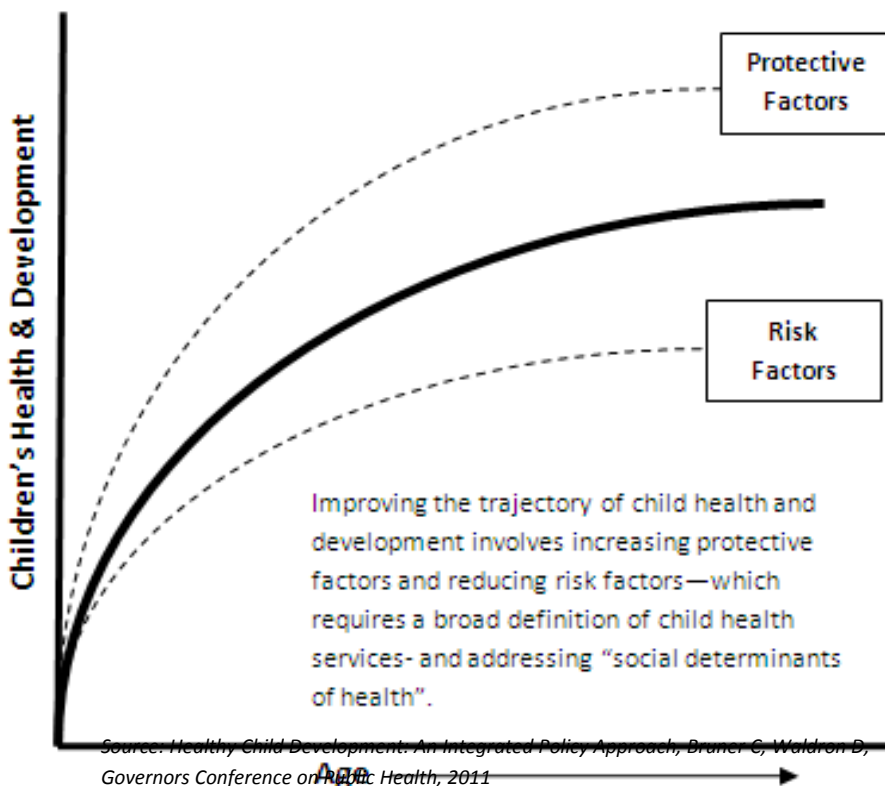
**COMMUNITY & SOCIAL CONTEXT**  
Social networks, community connectedness, social capital, social exclusion etc.

**EARLY CHILD DEVELOPMENT**  
Biological embedding, sensitive periods, endocrine & immune system, nurturing & attachment, parental styles, family structure, low birthweight etc.

# The Life Course Approach

Life Course Health Approach is a model to better understand the development of disease and the promotion of health. It is widely recognized that the early childhood years are extremely important in shaping outcomes throughout the life course. The life course approach examines health from conception to death in order to emphasize that the buildup of advantage or disadvantage is crucial in influencing morbidity, mortality and our overall chances in life. It provides a framework for understanding how children's health and environmental exposures are connected to the development of disorders, disability, and death among adults. It suggests that health is produced across the life span but that childhood is a critical period.

**Unique environmental interactions occur at each stage of human development, some of which can have profound effects on future health.**



The life course approach highlights that the social and biological beginnings of life and the interaction of these factors are important building blocks of adult health. Unhealthy lifestyles in childhood can impact greatly on circumstances throughout the life course. In adulthood, an individual's living standards, health related behavior, social networks and current health status are determined partly by their accumulated life course experiences and partly by their social roles, in terms of marital status, employment, parenthood and social networks.

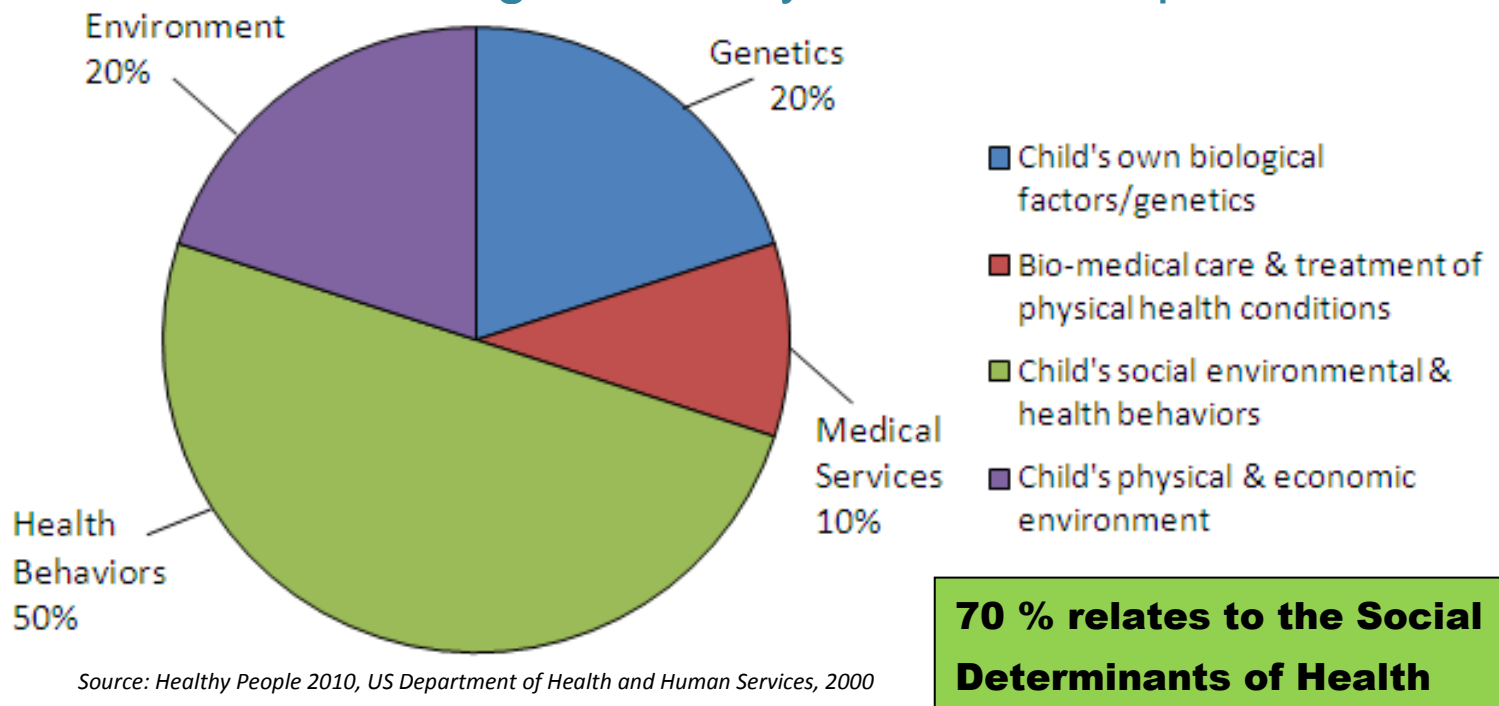
## The Life Course Approach- An Example

As an example, less affluent families are more likely to come from less affluent backgrounds and are more likely to produce babies of lower birth weight. Low birth weight children are more likely to experience poorer health outcomes during childhood and adolescence and have an increased risk of chronic disease in middle age. In addition, children of less affluent families are more likely to experience failure at school, to find work in the more disadvantaged areas of the labor market and to experience unemployment at an earlier age. People who enter lower paid employment are more likely to encounter work insecurity, physical and chemical hazards at work, live in less well constructed housing, in more polluted neighborhoods and to retire on the basic pension. At each stage of the life course, social and economic disadvantage can push the individual another step towards established chronic illness.

Individuals and their ill health cannot be understood solely by looking inside their bodies and brains; one must also look inside their communities, their networks, their workplaces, their families and even the trajectories of their life.



# Factors Contributing to Healthy Child Development



## Health Inequities Around the World

The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen in all societies. Health inequities exist within and between countries, and their determinants are deeply embedded in our social structure.

Compared to other countries, the U.S. has the greatest income inequity- and the worst health. Today, the top one percent of Americans owns more wealth than the bottom 90 percent *combined*. Economic inequity is greater than at any time since the 1920's. One out of every five children in the U.S. lives in poverty (21 percent) compared with approximately four percent of Sweden. Social spending makes up most of the difference: in Sweden, social spending reduces child poverty by 70 percent, while in the U.S. it reduces child poverty only five percent, down from 26 percent. (Unnatural Causes, California Newsreel, 2009)

A large decrease in health inequities in any country will require significant resources, money, planning, and time. Multilevel actions to reduce inequities should include changes to social and economic policies; improving living and working conditions; strengthening communities for health; improving behavioral risk factors; empowering individuals and strengthening their social networks; and reorienting the healthcare system and associated treatment services.

**Where we live, learn, work and play can have a greater impact on how long and well we live than medical care.**

Responding to increasing concern about these persisting and widening inequities, the World Health Organization established the Commission on Social Determinants of Health (CSDH) in 2005 to provide advice on how to reduce them. The Commission's final report was launched in August 2008, and contained three overarching recommendations:

- [1. Improve daily living conditions](#)
- [2. Tackle the inequitable distribution of power, money, and resources](#)
- [3. Measure and understand the problem and assess the impact of action](#)

The Commission was established to support countries and global health partners to address the social factors leading to ill health and inequities.



# Iowa Examples of Programs Addressing the Social Determinants of Health

## 1<sup>st</sup> Five Healthy Mental Development Initiative

The Iowa Department of Public Health's [1st Five](#) Healthy Mental Development Initiative is bridging public and private health care systems to improve early detection of social-emotional delays and prevention of mental health problems among young children and their families. 1st Five promotes the use of validated developmental tools that support healthy mental development for all young children. Providers identify children earlier who are at risk for developmental and behavioral issues that would otherwise play out later. The tools include questions on social/emotional development and family risk factors, such as depression and stress. In fact, the number one reason for referral by medical providers to 1st Five is for family stress. Brain research indicates that chronic stress is detrimental to children's developing brains. 1st Five helps alleviate stress related concerns by connecting children and families to a variety of community-based resources, resulting in children better prepared for school and for life.



## Iowa Healthy Links' Better Choices/Better Health Program

The [Iowa Healthy Links' Better Choices/Better Health Program](#) is a Stanford University evidence-based program for adults that have chronic health conditions such as heart disease, diabetes, and emphysema. The program utilizes a weekly six-session interactive workshop that helps people with health conditions learn how to take control of their health. Workshops deal with issues related to the social determinants of health that everyone living with an ongoing (chronic) health condition faces. Each session lasts two-and-a-half hours. Family member or support person are encouraged to attend all sessions.

Participants learn to accomplish the following:

- Manage medications
- Deal with depression
- Healthy Eating
- Control pain
- Set and meet your goals
- Fight fatigue and frustration
- Start an appropriate exercise program
- Manage stress and relax
- Solve problems
- Communicate with health providers better



The program has been shown to help people to improve healthful behaviors (exercise, cognitive symptom management, coping, and communications with physicians), improve health status (self-reported health, fatigue, disability, social/role activities, and health distress), and decreased days in the hospital.

## Reach Out and Read Iowa

The [Reach Out and Read Iowa](#) program makes literacy promotion a standard part of pediatric care so children grow up with books and a love of reading. The program targets children ages 6 months to 5 years growing up in poverty who are most at risk for reading difficulties and school failure. The focus of Reach Out and Read Iowa is toward clinics serving children with social determinants of health risk factors for school failure, such as low income, public or no health insurance, being of minority race or ethnicity, or not having English as a primary language.



Reach Out and Read Iowa is located in 77 clinics in Iowa and serves over 54,000 children annually, mostly from low-income families. Since the program started, over 250,000 books have been distributed.

**Children who grow up without books or reading are highly likely never to catch up to their peers. 88% of first graders who are below grade level in reading will continue to read below grade level in fourth grade.**



# Healthy Iowans

[Healthy Iowans](#) is a five-year health assessment and health improvement plan which considers the broad array of factors and social determinants of health that affect the health of Iowans. It focuses attention on Iowa's critical issues/needs and provides a blueprint for addressing them. Healthy Iowans will link with other planning efforts, including county health improvement plans.



To develop Healthy Iowans, numerous partners are engaged in health planning through health-related advisory committees, community-based planning, and other initiatives. Recommendations from these sources were submitted to develop Iowa's health assessment and health improvement plan. Healthy Iowans is scheduled for release in October 2011.

[Healthy People 2020](#) is an important resource in identifying Iowa's critical health issues/needs and potential actions to address the issues/needs. Healthy People provides science-based, 10-year national objectives for promoting health and preventing disease. Since 1979, Healthy People has set and monitored national health objectives to meet a broad range of health needs, encourage collaborations across sectors, guide individuals toward making informed health decisions, and measure health improvement.

## Putting a Face on Issue of Social Determinants of Health



**Kenyon McGriff, Philadelphia:** As a 10th grader weighing 270 pounds, Kenyon knew that his neighborhood's fast food restaurants, corner markets and dimly lit sidewalks challenged his health. An after-school running program helped Kenyon make healthier food and physical activity choices with good results.



**Abang Ojullu, Worthington, Minn.:** Abang's young daughter experienced a major improvement in her severe asthma when the family moved to a renovated apartment with air conditioning, exhaust fans in the kitchen and bathrooms, and no mold. Abang says a checkup by the nurse after the move found that her daughter's lung capacity had noticeably improved.

*Source: RWJF- Breaking Through on the Social Determinants of Health and Health Disparities, 2009*

## Conclusion

**All Iowans do not have the same opportunities to make healthy choices. The health of our nation is interconnected with the health of each individual citizen. We cannot claim success on turning the tide on our health crisis until we can include all Iowans in this victory. Social determinants of health illustrates that there is no quick fix and that the solution goes beyond access to medical care to the broader community and starts before birth. The solution will have to take a multifaceted approach that will encompass a variety of individual and societal strategies.**

**The Prevention and Chronic Care Management Advisory Council and the Medical Home System Advisory Council are eager to share this document with Iowa's stakeholders and policymakers in hope that the Councils can educate and assist in moving Iowa to become the healthiest state in the nation.**

**To find out more about the Councils or upcoming meetings, please visit their websites below:**

- **Prevention and Chronic Care Management Advisory Council-** <http://www.idph.state.ia.us/ChronicCare>
- **Medical Home System Advisory Council-** <http://www.idph.state.ia.us/MedicalHome>

