The Conceptual Framework for Social Determinants of Health: which theory is the basis for a tool for Health Impact Assessment?

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WHO Commission on SDH (2005 – 2008)

To do their work, the CSDH and Commissioners brought together:

**Country action**: CSDH supporting countries to develop policies that address the social causes of poor health and inequities.

**Civil society**: Civil society organizations from all regions provided vital inputs to the CSDH.

**Knowledge networks**: Networks collated knowledge and evidence to support policy design and action.
“…… called theories of social production of disease which presume but cannot be reduced to mechanism–oriented theories of disease causation ”
Determinants of health and the determinants of inequalities in health: “health inequities”

- Policies aimed at tackling the health determinants are not also automatically tackling the determinants of health inequalities.

- Tackling the determinants of health inequalities is about tackling the unequal distribution of health determinants.

- Actions on health determinants are likely to focus on reducing overall exposure to health damaging factors along the causal pathway.

- Actions on health inequalities’ determinants are likely to focus on levelling up distribution of major or structural determinants.
1. Where do health differences among social groups originate, if we trace them back to their deepest roots?

3. What pathways lead from root causes to the stark differences in health status observed at the population level?
Dahlgren and Whitehead

Marmot and Wilkinson

Didierichsen

Mackenbach

The model links social structure to health and disease via material, psychosocial, and behavioral pathways. Genetic, early life, and cultural factors are further important influences upon population health.

Question 1:

Where do health differences among social groups originate, if we trace them back to their deepest roots?
SOCIOECONOMIC POLITICAL CONTEXT

Labor Market

Education System

Social Policies Health, Social protection Housing, etc

Culture, Religion, Human Right

Socioeconomic position/ Social Class

Income
Education
Occupation

Gender
Sexuality
Ethnicity (racism)

Socioeconomic determinants of health inequities "distribution inequalities of diseases"

Material Circumstances (Living and Working Conditions, Food Availability, etc)

Psychosocial Factors

Behaviors and Biological Factors

Health System

Sickness & Disability

Social cohesion & Social Capital

Social Determinants of Health (intermediary factors)

Impact of Health and Wellbeing Equity

Structural and Intermediate Determinants

Socio-economic context

Social position

Power

Political context

Intermediate determinants:
- Material circumstances of life and work
- Psycosocial factors
- Behavioural and biological factors
- Health systems
- Social cohesion

Equity in health and well-being

Source: Spanish Commission for Reducing Health Inequalities (2010)
Socioeconomic Position

“Socioeconomic position” (SEP) refers to the social and economic factors that influence which power-related positions individuals or groups hold within the structure of a society.

SEP is related to numerous exposures, resources, and susceptibilities that may affect health.
Question 1: Where do health differences among social groups originate, if we trace them back to their deepest roots?

Answer: Health inequities flow from the systematically unequal distribution of political power, prestige and resources among groups in society.
Question 2:

What pathways lead from root causes to the stark differences in health status observed at the population level?
Intermediate Determinants

- The structural determinants operate through a series of what we term *intermediary social factors, or social determinants of health* in a more restricted sense.

- *Intermediary factors* flow from the configuration of underlying social stratification and, in turn, determine:
  - differences in exposure to health-compromising conditions;
  - differences in *vulnerability*, in terms of health conditions and material resources available; and
  - differences in *consequences* social, economic and over health.

- **Main categories** of intermediary determinants of health:
  1. material circumstances;
  2. psychosocial circumstances;
  3. behavioral and/or biological factors; and
  4. the health system itself as a social determinant.
Question 2:

What pathways lead from root causes to the stark differences in health status observed at the population level?

Answer:

Pathways from root causes to observed inequities in health, operate through a set of what we call intermediary determinants of health and unequal distribution of them (through differential exposure and vulnerability) that shape health outcomes.
In light of the answers to the first two questions, where and how should health and other decision-makers intervene to reduce health inequities?
We must reflect carefully about the policy level(s) and where they will promote change

- Interventions on intermediate social determinants or pathways
  - Differential exposure
  - Differential vulnerability
  - Improving health system access
  - Differential consequences

- Interventions on structural social determinants (social position)
  - Income
  - Education
  - Gender
  - Social cohesion
  - Regeneration of communities

**Impact on Health Outcomes, but not necessarily on Health Inequities**

**Impact on Health Inequities, but more politically challenging**
Questions for Health Impact Assessments

When we develop HiA in specific context…

- … are we including the theory of health inequality in this evaluation?... Which theory?

- …are we addressing structural determinants of health?
Conclusions and Open Questions

- Tackling health disadvantage is good but insufficient; equity requires narrowing gaps and above all reducing gradients.

- Determinants of health are not the same as determinants of health inequities. Direct action on structural SDH is often technically and politically difficult.

- Can the health sector use pathways for indirect impact on structural determinants, while advocating for deeper change?

- Health equity interventions cannot be sustained without a broad policy commitment to SDH (implies new way of framing health goals).