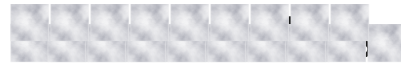


# Behavioral & Social Determinants of Health



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- Personal troubles vs public issues
- Behavioral determinants of health (BDH)
- Social determinants of health (SDH)
- SDH shapes BDH
- Policy Implications of Behavioral & Social Determinants of Health

# Learning goals

- Understand the sociological imagination and its application to personal troubles and public issues; and then relate these concepts to the behavioral and social determinants of health frameworks
- Develop intuition for the behavioral and social determinants of health frameworks
- Synthesize the behavioral and social determinants of health approaches
- Utilize the behavioral and social determinants of health frameworks in accessing and intervening in public health issues

# Summary: Behavioral & Social Determinants of Health



**Behavior Determinants of Health = your lifestyle determinants of your health**



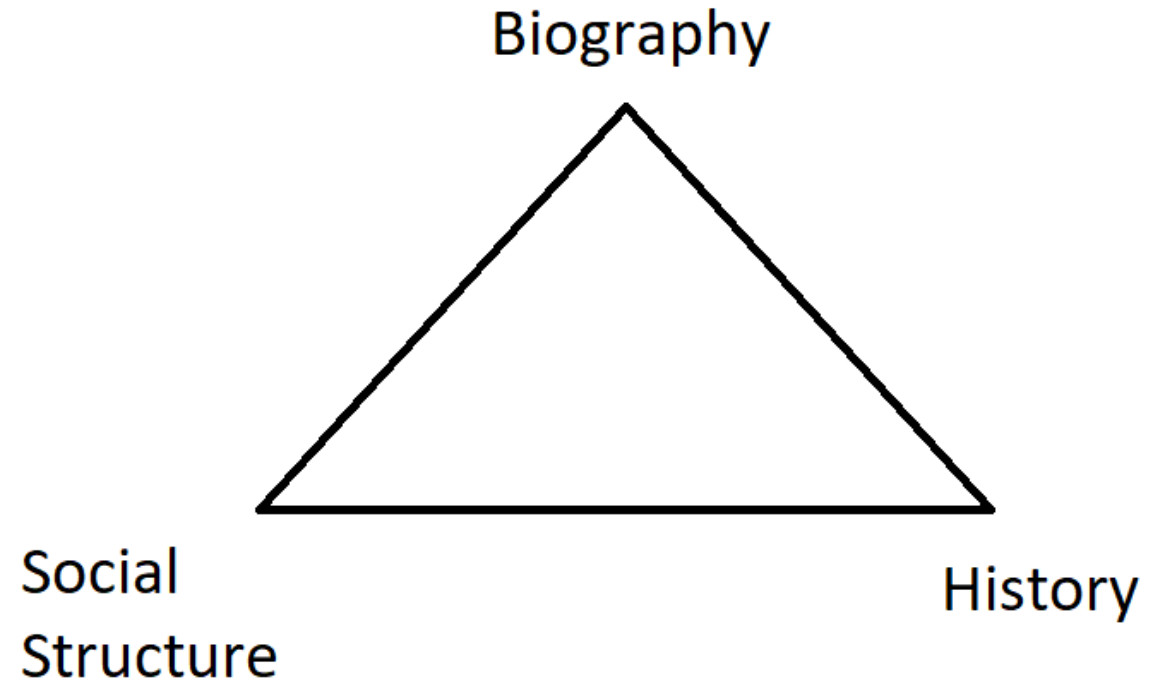
**Social Determinants of Health = your external social and political environment that determines your health**

# The sociological imagination

Sociology is the study of the connections between the three

Social structure indicates:

Formal and informal institutions, formal institutions are public and private sector organizations, informal institutions include: class, race, gender, citizenship and immigration status, sexuality, and others



# Personal Trouble

A crisis that starts within an individual or individual relationship

- A personal trouble begins internally to a person or personal relationship

Including: yourself, family, friends, boss, co-worker, etc

# Public Issue

A crisis that starts within an organization or social grouping

- A public issue begins externally to a person or personal relationship

Including: government, business, and social structure (social class, race, gender and sexuality, culture, etc)

# personal troubles vs public issues

Examples:

“In these terms, consider unemployment. When, in a city of 100,000, only one is unemployed, that is his personal trouble, and for its relief we properly look to the character of the individual, his skills and his immediate opportunities. But when in a nation of 50 million employees, 15 million people are unemployed, that is an issue, and we may not hope to find its solution within the range of opportunities open to any one individual. The very structure of opportunities has collapsed. Both the correct statement of the problem and the range of possible solutions require us to consider the economic and political institutions of the society, and not merely the personal situation and character of a scatter of individuals.”

# personal troubles vs public issues

- Personal troubles = behavioral determinants of health
- Public issues = social determinants of health



# Behavioral determinants of health

2.9

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## **Behavioural determinants of health and disease**

Lawrence W. Green, Robert A. Hiatt,  
and Kristin S. Hoefft

Chapter 2.9: “Behavioural Determinants of Health and Disease”

Roger Detels, et al. 2015. Oxford Textbook of Global Public Health. Vol. Sixth edition, OUP Oxford.

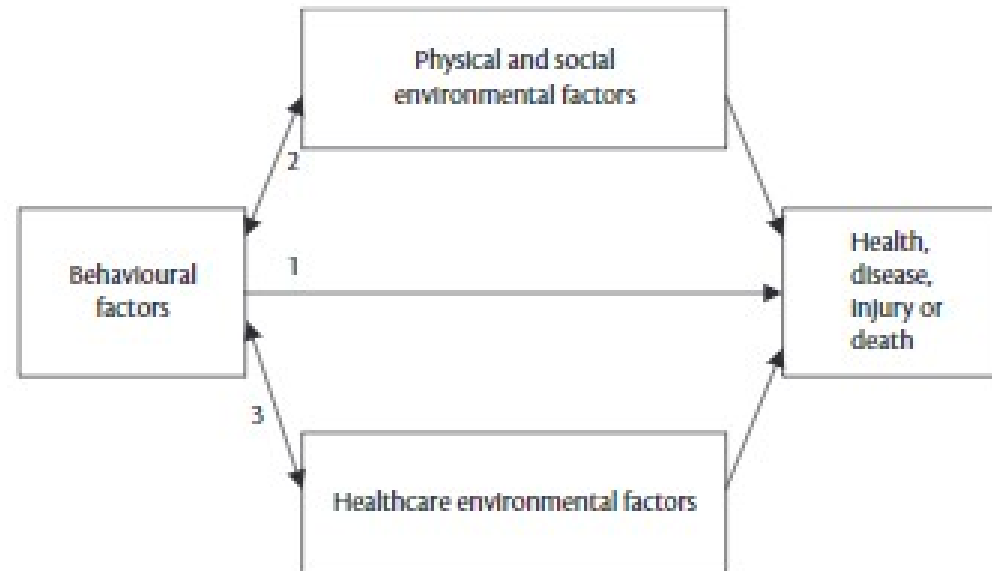


# Behavioral determinants of health

necessary route of intervention and change. Virtually every public health breakthrough has had a behavioural change process that served the public until the technology was at hand. Then, behav-

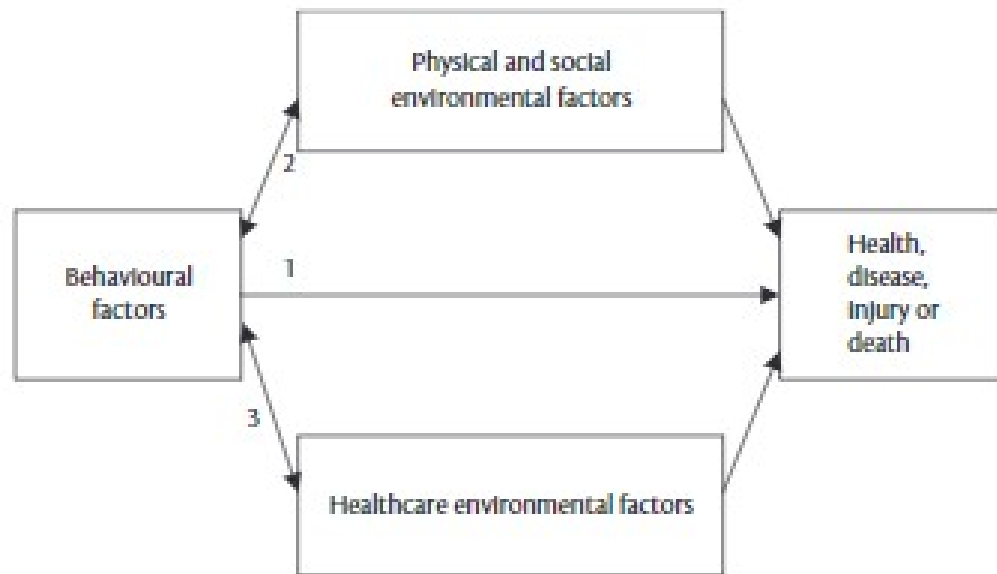
Much of the early success in controlling HIV infections through change in sexual practices (especially use of condoms) among men in urban gay communities appears to have been in response to health education programmes (Petrow 1990). Reviews also show increases in the use of clean needles for at least 15 years among intravenous drug users (e.g. Wodak 2006), which has required a combination of policy and educational interventions to make clean needles accessible and more acceptable than the culture of needle sharing. Evidence that health education leads to the regular use of condoms among sexually active adolescents, however, has not held up consistently (Cervantes et al. 2011; Klein et al. 2011). The parallel lessons from the success of

# How can behavior *cause* disease?



**Fig. 2.9.1** Three pathways for behavioural influence on health, disease, injury, or death.

# How can behavior *cause* disease?

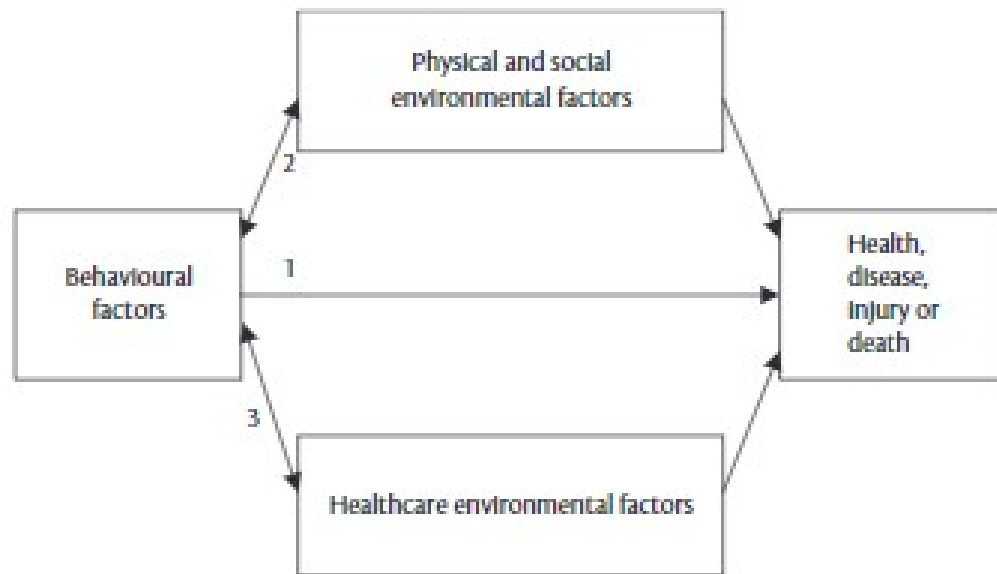


**Fig. 2.9.1** Three pathways for behavioural influence on health, disease, injury, or death.

## **Behaviour itself as a risk factor for disease**

The direct pathway suggested by arrow 1 in Fig. 2.9.1 includes the broad array of actions people take, consciously or unconsciously, that can have an immediate or cumulative effect on their health status. The effect on health may be intended (health-directed) or unintended (health-related), but the behaviour is nevertheless direct in its effect. The most dramatic of these are the violent injury-causing actions people may take behind the wheel of an automobile, with weapons, or unintentionally with the careless use of tools or toxic substances or merely walking absent-mindedly on a slippery or cluttered surface. Less dramatic, but no less lethal, are the cumulative little actions people take each time they light a cigarette, imbibe or inject an addictive or mind-altering substance, or neglect physical activity or healthful foods.

# How can behavior *cause* disease?



**Fig. 2.9.1** Three pathways for behavioural influence on health, disease, injury, or death.

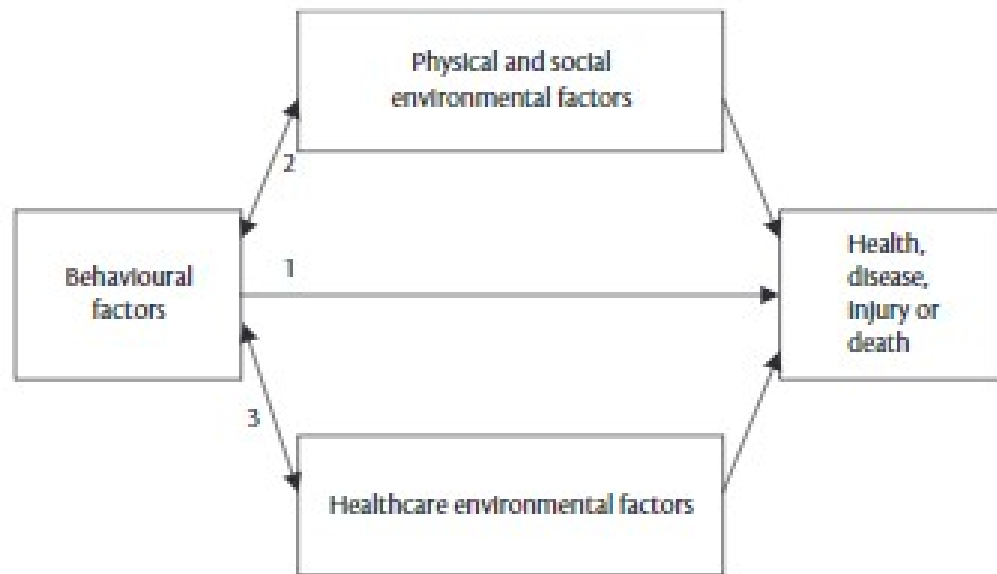
## **Behaviour as a determinant of other risk factors**

Besides the cumulative effect of behaviours on physiological risk factors, such as the energy balance between calorie intake and physical activity producing weight gain, obesity, and hypertension, many of the health consequences of behaviour are secondary to their impact on the immediate environment. Individuals are not merely the passive victims of the environments they inhabit or traverse. They are agents of change in those environments, and their ability to alter or control environmental threats to their own health increases with technological innovations. The growing capacity of individuals and groups to alter their environments through technological means, such as transport, also produces negative consequences for their health. Hence, health promotion and health protection have emphasized mobilizing individuals and groups to undertake personal conservation behaviours and collective actions to support policy changes and regulatory initiatives in support of more healthful environments.

# How can behavior *cause* disease?

## Behaviour as a consequence of cognitions, environments, and genetics

Notwithstanding the implied simplicity of identifying a few behaviours that account for the majority of deaths in developed countries, those and other behaviours are highly complex, value-laden, and over-determined. Most behavioural risk factors and healthcare behaviours as well, are the product of a variety of component behaviours, tasks, skills, or actions. For example, food consumption confronts most people with a chain of related behaviours that includes procuring and selecting food, planning menus or selecting from a menu, preparing or ordering foods, and eating with literally hundreds of food-related choices, including where to shop or eat, what to purchase or prepare, how to season food, and with whom to eat (Simons-Morton et al. 1986). One can identify similar chains of component behavioural choices for each of the other health behaviours identified in Table 2.9.1.



**Fig. 2.9.1** Three pathways for behavioural influence on health, disease, injury, or death.

# Social determinants of health

## Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity

Samantha Artiga  and Elizabeth Hinton

Published: May 10, 2018



Addressing social determinants of health is important for improving health and reducing health disparities.<sup>2</sup> Though health care is essential to health, it is a relatively weak health determinant.<sup>3</sup> Research shows that health outcomes are driven by an array of factors, including underlying genetics, health behaviors, social and environmental factors, and health care. While there is currently no consensus in the research on the magnitude of the relative contributions of each of these factors to health, studies suggest that health behaviors, such as smoking, diet, and exercise, and social and economic factors are the primary drivers of health outcomes, and social and economic factors can shape individuals' health behaviors. For example, children born to parents who have not completed high school are more likely to live in an environment that poses barriers to health such as lack of safety, exposed garbage, and substandard housing. They also are less likely to have access to sidewalks, parks or playgrounds, recreation centers, or a library.<sup>4</sup> Further, evidence shows that stress negatively affects health across the lifespan<sup>5</sup> and that environmental factors may have multi-generational impacts.<sup>6</sup> Addressing social determinants of health is not only important for improving overall health, but also for reducing health disparities that are often rooted in social and economic disadvantages.

# Social Determinants of Health

## What are social determinants of health?

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

SDOH can be grouped into 5 domains:



[Economic Stability](#)



[Education Access and Quality](#)



[Health Care Access and Quality](#)




[Neighborhood and Built Environment](#)



[Social and Community Context](#)



 [Download SDOH graphic](#) (141.23 KB)

Suggested citation





Go to the Healthy People website:

<https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Click one of the social determinants of health buttons, and think/discuss with a partner:

- Why is this a social determinant of health?
- How does this factor impact health or disease?

## Social Determinants of Health

### What are social determinants of health?

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Suggested citation





## Does where you live affect *how long you live*?

A ZIP code is 5 numbers meant to deliver mail to people—not indicate how long they live. Unfortunately, significant gaps in life expectancy persist across many United States cities and towns. The latest data reveals differences down to the census tract level, even for residents just a few miles or blocks apart. Explore how life expectancy in America compares with life expectancy in your area, and resources to help everyone have the opportunity to live a longer, healthier life.

Enter your street address or zip code (Example: "1234 Main Street, Anytown, NY 12345")

FIND

<https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html>

## INCOME AND POVERTY 2014-2018

	MEDIAN HOUSEHOLD INCOME	PER CAPITA INCOME	POVERTY RATE
NEWARK	\$35,181	\$19,313	28%
SOMERVILLE	\$75,718	\$35,839	6.0%
NEW JERSEY	\$79,363	\$40,895	9.5%
UNITED STATES	\$60,293	\$32,621	11.8%

## Disparity in Life Spans of the Rich and the Poor is Growing

(NYT Headline 02/12/16)

- Life Expectancy for the bottom 10% of male wage earners born in 1950 = **73.6 years**
- Life Expectancy for the top 10% of male wage earners born in 1950 = **87.2years**

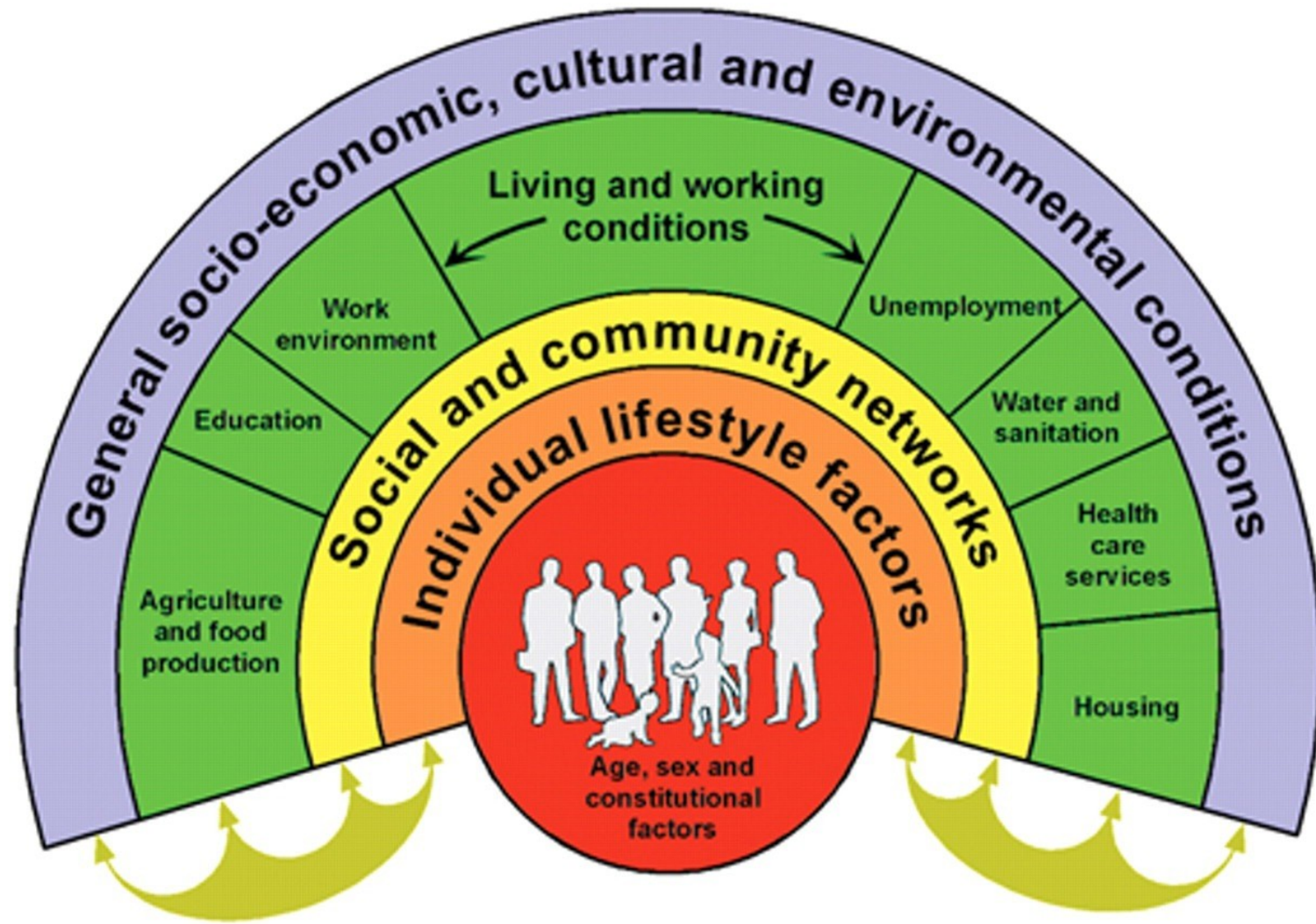
**Gap = 13.6 years**

<http://www.brookings.edu/research/reports/2016/02/life-expectancy-gaps-promise-social-security>



“Racism, specifically, is the state-sanctioned or extralegal production and exploitation of group-differentiated vulnerability to premature death.”

– Ruth Wilson Gilmore, *Golden Gulag: Prisons, Surplus, Crisis, and Opposition in Globalizing California*



How does this image show that the social determinants of health shape behavioral determinants of health?

# Behavioral Determinants of Health - Policy prescriptions

- ◆ *Educational strategies* inform and educate the public about issues of concern, such as the dangers of drug misuse, the benefits of automobile restraints, or the relationship of maternal alcohol consumption to fetal alcohol syndrome.
- ◆ *Automatic-protective strategies* are directed at controlling environmental variables, that minimize the need for individual decisions in structuring each behaviour, such as public health measures providing for milk pasteurization, water fluoridation, infant immunizations, and the burning or chemical killing of marijuana crops, but these often involve individual and group decisions and actions about which policies to support, since they limit degrees of freedom in choice of behavioural options.
- ◆ *Coercive strategies* employ legal and other formal sanctions to control individual behaviour, such as required immunizations for school entry, mandatory tuberculosis testing of hospital employees, compulsory use of automobile restraints, and arrests for drug possession or use or for drunk driving.

# Social Determinants of Health - Policy prescriptions

public health interventions address social determinants of health

- [Healthy People](#) – see the objectives within each SDH category
- [Kaiser Family Foundation SDH](#)
- [Believe in a Healthy Newark](#)

How do policy prescriptions differ from the behavioral determinants of health approaches?