

SOCIAL DETERMINANTS OF HEALTH

The new healthcare landscape places an emphasis on prevention and an integrated approach to policies, programs and services. This, in conjunction with health's multifactorial nature has accelerated the need to develop comprehensive solutions that address health challenges effectively.1 For example, poor living conditions, stress, poor air quality, high crime rates, poverty and unemployment/underemployment have all been linked as contributing factors to asthma. Research indicates that addressing these factors is crucial to reducing the risk for asthma and its prevalence.2

These contributing factors, known as the social determinants of health, include access to care, educational attainment, income level, smoking, physical environment, involvement with the justice system, access to transportation, insurance status, stigma and discrimination. 3 The figure on this page illustrates how much the social determinants of health influence an individual's health when classified into the categories of health behaviors, health care, socioeconomic factors and physical environment.

While clinical care is important, going beyond care and treating the whole person is key. if an individual receiving treatment for asthma continues to reside in poor living conditions that exacerbate the onset of asthma attacks, the health of the individual is not likely to improve. 4 Families residing in unsafe neighborhoods may limit their outdoor activities, decreasing their opportunities to exercise and maintain a healthy lifestyle. 5 As counties (re)develop policies and programs to address these conditions and other health challenges, considering the role and impact of the social determinants of health will therefore be critical to ensure that healthy and thriving communities are created and sustained.

- 1 Frieden, Thomas. A Framework for Public Health Action: The Health Impact Pyramid. American Journal of Public Health. 2010 April; 100(4): 590-595. Available at: http://www. ncbi.nlm.nih.gov/pmc/articles/PMC2836340/pdf/590.pdf
- 2 Williams David R., Michelle Sternthal, Rosalind J. Wright. Social Determinants: Taking the Social Context of Asthma Seriously. Pediatrics. 2009 March; 123 (Suppl 3): S174-S184. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3489274/
- 3 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. Final report of the Commission on Social Determinants of Health. Geneva: WHO; 2008. Available at: http://www.who.int/social_determinants/thecommission/finalreport/en/ index.html
- 5 Williams David R., Michelle Sternthal, Rosalind J. Wright. Social Determinants: Taking the Social Context of Asthma Seriously. Pediatrics. 2009 March; 123(Suppl 3): S174-S184. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3489274/
- 6 Franzini, Luisa, Marc N. Ellioot, Paula Cuccaro et al. Influences of Physical and Social Neighborhood Environments on Children's Physical Activity and Obesity. American Journal of Public Health. 2009 February; 99(2): 271-278. Available at: http://www.ncbi.nlm.nih. gov/pmc/articles/PMC2622771/

PERCENTAGE CONTRIBUTING TO OVERALL HEALTH



*** HEALTH CARE**

(e.g., access to and quality of care, insurance status)



(e.g., place of residence, exposure to toxic substances. built environment such as buildings and transporation systems, natural environment such as plants and weather)

* SOCIAL & ECONOMIC **FACTORS**

(e.g., discrimination, income, education level, marital status and economic factors)

*** HEALTH BEHAVIORS**

(e.g., eating habits, alcohol or substance use, hygiene, unprotected sex, smoking)



Source: Booske B.C., Athens J.K. Kinding D.A. et al. County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health. February 2010. Available at: www.countyhealthrankings.org/sites/ default/files/different Perspectives For Assigning Weights To Determinants Of Health.pdf.

SOCIAL DETERMINANTS OF HEALTH



WHY IT MATTERS TO COUNTIES

Counties have long provided leadership in creating and sustaining communities in which people want to live, learn, work and play. While considerable strides have been made in treating sick individuals, the need to promote and support prevention has grown because health starts before individuals need medical care or are sick. As the community's safety net and the entities responsible for developing policies and programs, counties have the opportunity to improve outcomes by modifying approaches and strategies to improve individual and community health.

Since the social determinants of health account for more than 50 percent of one's health and medical care less than 25 percent, policies and programs taking into account the social determinants of health have the potential to impact 1) individual and community health and 2) exceed what is possible if counties only address illnesses and access to medical care.

GROWING COMMUNITIES: SOCIAL DETERMINANTS, BEHAVIOR AND HEALTH

Our environments cultivate our communities, and our communities nurture our health. When inequities are high and community assets are low, health outcomes are worse. When inequities are low, and community assests are high, health outcomes are better. **DECREASE IN OVER ALL NEGATIVE HEALTH OUTCOMES** Smoking Infant Mortality Sense of Communit Social Networks Fragmented Systems Social Support Powerlessness Participation Disinvestment Leadership **Disconnected Members** Political Influence Organizational Networks Unemployment Access to Healthy Foods Access to Recreational Facilities Adverse Living Conditions