



Kirwan Institute
Many Differences **One Destiny**

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Social Determinants of Health

Traditional approaches to understanding the factors that determine health.

Why do African Americans experience higher rates of hypertension (high blood pressure) than whites?

Why do black men have the highest cancer incidence rates of all racial and ethnic groups?

Why do Latino children have the poorest oral health of all racial and ethnic groups in the United States?

How can we begin to address these inequities—which are also injustices—based, at first blush, only on race and/or ethnicity?

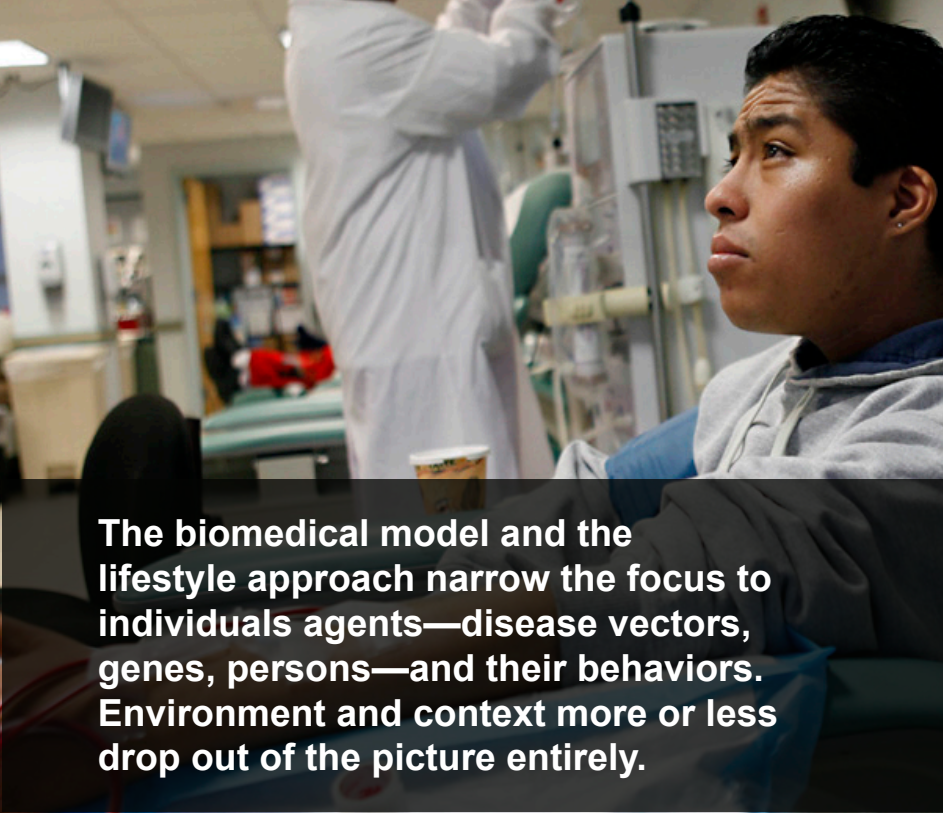
There are two traditional approaches to understanding the factors that determine health: the biomedical model and the lifestyle approach.

**BIOMEDICAL
MODEL**

Views physical, biological agents (including genes and “risk factors”) as the only causes of disease, which is modeled at the individual level. Disease patterns at the population level are explained entirely by disease causes at the individual level.

**LIFESTYLE
MODEL**

Views individual behavior as a key determinant of health. When speaking in terms of “health behaviors,” this approach focuses on how individual choices mediate health outcomes—for example, how the choice to smoke (or not) affects the likelihood of developing cancer.



The biomedical model and the lifestyle approach narrow the focus to individuals agents—disease vectors, genes, persons—and their behaviors. Environment and context more or less drop out of the picture entirely.

The biomedical model and the lifestyle approach are not wrong; they are incomplete. There is no doubt that all health outcomes have an underlying biological component. Indeed, some diseases are exclusively the result of genetic abnormalities. Similarly, individuals make choices—albeit often constrained ones—that affect their health. But these mainstream models miss the structural forces at work in individuals’ lives, the forces over which they have little control but that nonetheless greatly determine their life chances, access to opportunity, and health.

If all this sounds a little abstract, consider this rendering of health tips. The left column is from the biomedical/lifestyle perspective, while the right column takes a different tack, which will be discussed shortly:

BIOMEDICAL/LIFESTYLE PERSPECTIVE

1. Don't smoke. If you can, stop. If you can't cut down.
2. Follow a balanced diet with plenty of fruit and vegetables.
3. Keep physically active.
4. Manage stress by, e.g., talking things through and making time to relax.
5. If you drink alcohol, do so in moderation.
6. Cover up in the sun, and protect children from sunburn.
7. Practice safer sex.
8. Take up cancer screening opportunities.
9. Be safe on the roads.
10. Learn the First Aid ABC—airways, breathing, circulation.

SOCIAL DETERMINANTS OF HEALTH (SDH) PERSPECTIVE

1. Don't be poor, or try not to be poor for too long.
2. Don't live in a deprived area. If you do, move.
3. Don't be disabled.
4. Don't work in a stressful, low-paid manual job.
5. Don't live in damp, low-quality housing or be homeless.
6. Be able to afford social activities and holidays.
7. Don't be a single parent.
8. Claim all benefits you're entitled to.
9. Be able to afford your own car.
10. Use education as an opportunity to improve your economic position.¹

The Social Determinants of Health

The SDH approach is distinguished by a broad focus on the entire population health. It is aptly summarized in the graphic below:



ECONOMIC
OPPORTUNITIES

LIVING & WORKING
IN HOMES AND

MEDICAL
CARE

HEALTH

n Approach

conomic, social, political, and psychological determinants of

Source: Robert Wood Johnson Foundation, Overcoming Obstacles to Health: Stories, Facts and Findings (2009): 23, available at <http://www.rwjf.org/files/research/obstaclesto-healthhighlight.pdf>.

C & SOCIAL
AND RESOURCES

ING CONDITIONS
COMMUNITIES

PERSONAL
BEHAVIOR

ALTH



Understanding Social Determinants of Health

SDH can be understood from three perspectives, each of which is critically important: domains, levels, and pathways.

Domains: specific areas that are known to affect health and well-being, e.g., housing, education, socio-economic position, and the food system, to name just a few.

Levels: the geographic scale at which the specified domains are thought to affect health, e.g., family unit, block, neighborhood, city, or metro-region.

Pathways: the actual mechanisms by which individuals and populations interact with the domains at different levels, e.g., exposure to toxins, pathogens, or hazards; experience of discrimination, trauma, and attendant stress; targeted marketing of harmful substances like nicotine and alcohol; and lack of access to health care.²

The Kirwan Institute's opportunity communities analysis and mapping strategies uses the SDH approach to identify the domains, levels, and pathways that affect health in communities in order to answer the question: "How do we address health inequities on the basis of race and ethnicity?"

1. The preceding paragraph and the columns are taken from Nancy Krieger, *Epidemiology and the Health of the People: Theory and Context* (Oxford and New York: Oxford University Press, 2011): 289 (Textbox 8-7) (slightly altered).
2. For more information about how to model macro-level determinants of health, see Theresa L. Osypuk and Sandro Galea, “What Level Macro? Choosing Appropriate Levels to Assess How Place Influences Population Health,” in *Macrosocial Determinants of Population Health* (Sandro Galea, ed.) (New York: Springer, 2007): 399-435.



The Kirwan Institute
works to **create** a just
and inclusive society where all people
and communities have
opportunity
to succeed.



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