



ICPCM Newsletter

January 2020

The Social Determinants of Health

Dr. Tesfa Ghebrehwet

Board Director, International College of Person Centered Medicine

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries [1]

The World Health Organization has identified 10 social determinants of health [2, 3]:

The social gradient: life expectancy is shorter and most diseases are more common in lower socioeconomic class.

Stress: stressful circumstances, making people feel worried, anxious and unable to cope, are damaging to health and may lead to premature death.

Early life: Well established evidence illustrates that opportunities provided to young children are crucial in shaping lifelong health and development status.

Social exclusion: Life is short where its quality of life is poor. By causing hardship and resentment, social exclusion and discrimination cost lives.

Work: Stress in the workplace increases the risk of disease. People who have more control over their work have better health.

Unemployment: Job security increases health, well-being and job satisfaction. Higher rates of unemployment cause more illness and premature death.

Social support: Friendship, good social relations and strong supportive networks improve health at home, at work and in the community, social exclusion and discrimination cost lives.

Addiction: individuals turn to alcohol, drugs, and tobacco and suffer from their use, but use is influenced by the wider social setting.

Food: A shortage of good diet and nutrition causes malnutrition and deficiency disease.

Transport: cycling, walking and use of public transport promote health as they provide exercise, reduce fatal accidents, increase social contact and reduce air pollution.

Of these 10, the single strongest predictor of our health and wellbeing is our position on the social gradient (or the 'social ladder'). Whether measured by income, education, place of residence or occupation, those people at the top of the gradient have the most power and resources, and on average live longer and healthier lives. Those people at the bottom have the least power and usually run at least twice the risk of serious illness and premature death as those near the top [3].

When we are promoting health and wellbeing we need to focus on the issues most relevant to people's lives. For example, if a person is struggling to survive financially, is unemployed or in poor housing, then changing individual risk behaviours such as smoking, or physical activity may be a low priority for them. For people most vulnerable or those with complex needs, the most immediate need is usually to focus on the social determinants of health. It, therefore, essential to address the determinants of health in a cross-sectoral and cross-departmental approach, as health services alone cannot keep people healthy. In fact, the social determinants are outside the health sector.

The work of the International College of Person-centered Medicine (ICPCM), as expressed in its publications, conferences and congresses is guided by a broader definition of health and congruent with the social determinants of health approach.

References

- [1] World Health Organization. https://www.who.int/social_determinants/sdh_definition/en/
- [2] World Health Organization. https://www.who.int/social_determinants/sdh_definition/en/
- [3] World Health Organization (2003), Social Determinants of Health: The Solid Facts, 2nd edition, edited by Richard Wilkinson and Michael Marmot.pp.5-28.