This chapter talks about a number of concepts that we already mentioned in the previous lectures , but the book has gathered them under a certain context which is the social determinants of health

the sdh(social determinants of health) : is a vital and core concepts for anyone that is working in the global health field

why is sdh important for interventions and forming new policies or Laws regarding the concept of public health?

because we have sufficient evidence that came from cumulative research studies that says that when we work on the underlying causes of health and illness , particularly those that lead to social differences between ill health we will have a better result than when we focus on the traditional causes of health like the biological processes and germs as the determinants of health and the traditional approach became unacceptable .

one example on the traditional approach is when Jordan at first tried to tackle the corona pandemic ,Jordan focused on how the virus functioned and how will the vaccine be given and this was an extremely limited approach, we should have taken into consideration the underlying social determinants of health and disease and expanded our approach by covering the social and economic and political and legal factors that affect health.

This is the literal definition of social determinants of health when we take into consideration all of these aspects in each intervention whether it was protective or curative it will be better than focusing on the disease itself , and also focus on the factors that surround the individual which may affect his health.

the sdh gained on international and global interest, nowadays any global effort to promote the health and tackle diseases should take into consideration the social determinants of that particular healthy issue.

there is a special type of social determinants of health which is social determinants of Health Equity , and it's a field that specialises in the social differences that is deemed avoidable and unfair.

we should remember the difference between Health Equity and health equality

- The doctor said to look at the concepts from the book.

in this lecture we will talk mainly about equity not equality because equality is not avoidable(equality cant be neglected) .

we will talk about equity because it is an avoidable(can be neglected) difference that we should work on to achieve fairness and health distribution.

there are a number of conceptual frameworks published by multiple of theorists to achieve the goal of including sdh systematically.

conceptual framework is different from theoretical framework, conceptual frameworks usually is followed by models and diagrams that explains the irrelationships and inter relationships between the major concepts in any theory(not important to understand) .

if you remember when we talked about the concept of global health, we mentioned the history of global health and how the term was formed, global health is not new but the meaning and implications and the international interest was the one that changed overtime, this exactly implies on the concept of sdh.

there has been a significant improvement on how the concept of sdh as being used and implied in the manner of global health.

One of these conceptual frameworks divides sdh into 3 Levels(first framework) she didn't mention the name of it :

*upstream

*midtream

*down stream

Upstream (macro level):

it includes several factors that are related to international influences and government policies and social ,economical, physical, environmental determinants that are fun that are found on the macro level (global level)

Midstream :

Talks about psycho-social factors, Health related factors, and the most important it talks about healthcare systems, it has an intermediate influence.

Downstream (micro level) :

Includes the psychological and biological functioning of the human being that is related to health and illness, which was the first concept in determining health, in the past we used to care about the disease, the prognosis ,the health of the person with the disease, how is the biological functioning of that individual, to determine healthand disease.

and this approach is no longer used nor effective ,because we can have two patients with the exact disease and stage, and the same biological functioning, we would expect them to have the same biologic response to the medication but when they go for checkups , one patient would be normal and well, while the other one isnt .

and the reason for this, It's not just about the biological processes but there are plenty of social determinants that has a huge effect on health and illness , Which can determine the prognosis and the response off the individual.

One of the models of sdh is (the rainbow model):

*Check the book for the model

This model puts the individual at the core, And includes with him in the core the fixed factors like (age , sex), And other factors like constitutional factors.

Then it adds layers which are related to the life style , Social networks, And environmental and cultural factors.

the theoretical explanation of this models divides sdh into two different titles:
* health promoting factors

* health protective factors

Examples:

The presence of adequate housing is considered a health promoting factor.

The pollution control is considered a health protective factor.

These models (the two models , one will be mentioned later) face a huge challenge Even though they are extremely famous,

1-the problem of these models that they don't show how the different sdh relate to HealthEquity outcomes

Explantion: in the previous model the individual is surrounded by different layers of social health determinants of health , if I wanted to pursue health equity in the community, do I he create an intervention on the social level or the macro level or the individual level and some of the life style issues ? , which one is important and the intervention would achieve the best outcome in it ?, we cant determine that by these models, but at least the presence of these models is better than nothing.

but what we have now doesn't really allow us to answer these questions.

2- the second problem is that the relative contribution of these social determinants of health and their impact on the outcome is not yet fully understood or known.

an example for that: people who have cardiovascular problems need an improvement in their surroundings and housing, And improvement in the physical activity, so when we need to put policies about cardiovascular problems we should take into consideration that the problem is not about biological functions or medications, its about social determinants of health and we should expand our interventions and work on the environment, by increasing green spaces and parks , and paths for walking and cycling to encourage sports.

This intervention in the beginning would seam extremely excellent because we thought outside the box, But this intervention by itself may cause a side effect which is the rise in the prices of houses and land in the area that I have increased the green spaces in, and the less privileged people wont be able to live there.

And also there is a problem in this solution that the intersectoral coordination is difficult, because one organization would want to do this but another organization what disagree And increase the taxes on the individual living there, which wouldn't help in the concept of HealthEquity because some people wouldn't afford to live there.

Another thing we should take into consideration when we talk about the interventions of sdh , we should make sure that the intervention wouldn't harm people and benefit others.

to achieve healthy equity when we plan an intervention, the less privileged people should pick the advantage of this intervention before the people with extra privileges

an example: we have two students ,one has problems in his network and household, and un the exam he didn’t get a good mark (he got 70) , and the other student doesnt have as much problems and got a better mark (90), and you wanted to improve the performance of these students so you went ahead and created a make up exam , the best scenario that these student benefited from the test at the same rate (both increased by the same amount which is 10).

There is still a 20 mark difference between these students , this didn't improve the equity between them , one still had problems and get 20 less than the other altho he got a better mark in the make up exam .

This applies on the national level , Many countries try to intervene and improve the equity in health ,

One example that is mentioned in the book is about e health , and many countries use it to help as many people to access health care , but one side effect of this , that the more wealthy people are more oriented and got the means to use these platforms while the disadvantaged could not ,so the gap in health access increased which didn't help in health equity.

Now to get back to the topic of sdh , these models that are mentioned in the lecture don't help us in the topic of how to intervene and what plans should I make .

And each year there are parameters published to help people who are interested in the topic of global health to maximize the usage of these models .

And the researchers who published these models advise others and advise the policy makers that if they wanted to create a programme to influence health they should assess the distributional impact of the intervention or programme across different socioeconomic groups .

Second framework / model, idk what this is

(Commission and social determinants of health (csdh)):

Explains how the social determinants of health affect health and illness, published by WHO, explains the connection between various types of social determinants and its relationship with health

* the diagram is not required in the book

* The doctor said that any boxes or diagrams she didn't talk about is not required, but she said that the are required.

* the doctor said that parts of the models are not required and we should only know the things that she said but we should go back to the definitions at the first part of the chapter.

Cont, any model shouldn't be mutually exclusive they should be complementary, so when I make a certain intervention and I use a certain model to make sure that I've included all of the social determinants of health I should use another approach / model.

All of these models agree that we should work under the umbrella of HealthEquity No matter the type of model I use , and before I plan and apply any intervention, There should be a strong evidence that intervention can help improve HealthEquity, And the intervention must have an evaluation and assessment part.

Sadly, الاغلبية الساحقة من ال interventions nowadays have no evidence and data of impacts to support the policy actions, sdh , or health inequity.(there is no evidence that these interventions are useful.

One of the most important things that global health, and health equity, Researchers should take into consideration is the topic of : gender, Equality, human drugs and their relationship with sdh.

Explanation: when we talk about Sdh(social, economic and legal material that affects health), gender plays an important role because these social, economic status is different between male and female no matter the type of country you live in,(developed /developing).

Sex : is the biological differences between female and male (genetic differences, features)

Gender: refers to the socially constructed roles, abilities, limitations for each boys and girls .

How can we apply gender in sdh ?

Example: When we say a person should walk certain number of minutes each day, at certain times of the day (at night, noon, ETC...), can we apply this on both genders ? , can girls go out to run like a male does ?

if it's a no we talk about gender differences , because the responsibilities, roles, expectations related to the facts that she is a female is different when the person is a male .

so anyone who works in the health department should take into consideration that the gender norms affect the health and illness among populations (the risk , prognosis, health outcomes and health seeking behavior are related to gender), and we cant neglect that .

Example : in jordan , famales earn as much as the male when they work in the same specialty, but in the US the female doesn't earn as much as the male even if they work under the same circumstances.

We should take into consideration gender equality and equity when we talk about gender and sdh.

Gender equality: I provide equal opportunities and conditions for both genders.

Gender equity: fairness .

Example on equity: when a company that believes in gender equality publish an ad saying that it wouldn't give any privilege for one gender over the other , and the requirements for the position is the same for any person no matter the gender of that person, this is gender equality not equity , because some tasks can be done by males and not females. And some conditions can be tolerated by men and not females .

There is also evidence the females are at greater risk for physical violence and sexual harassment in the workplace, also women face a deficit in protection , and reinforcement laws .

So when we want to support equity we cant call for the same conditions and laws , we should consider that males and females have different needs and Can tolerate different conditions.

Understanding and acting on social determinants of health and health equity part 2

- Social determinants of health relations to human rights: human rights call for each citizen's right to have the highest attainable health standards without the distinction that may happen due to differences in religion, belief, race or economic or social conditions. Human right activists also call for making gender equity a human right on top of it being a social determinant of health.
- Intersectoral action for health: this approach means to have comprehensive health services in joined actions with other sectors to tackle the social determinants of health and root causes of poor health. An example is the fact that different ministries and different institutions with different responsibilities do not communicate, and each follows a different plan and therefore this does not result in any progression or improvement. Complementary and comprehensive actions between sectors are required to achieve intersectoral action for health.

❖ Example 1: the problem of diabetes is increasing somewhere and to contribute to the limitation of this problem we need the cooperation of different sectors like 1. Prohibiting the media from endorsing any unhealthy foods or practices 2. Infrastructures and surrounding environment can help promote physical activity 3. other systems may contribute to the reduction of people's

exposure or recognizing their vulnerability by screening and access to health care.

❖ Example 2: pollution.

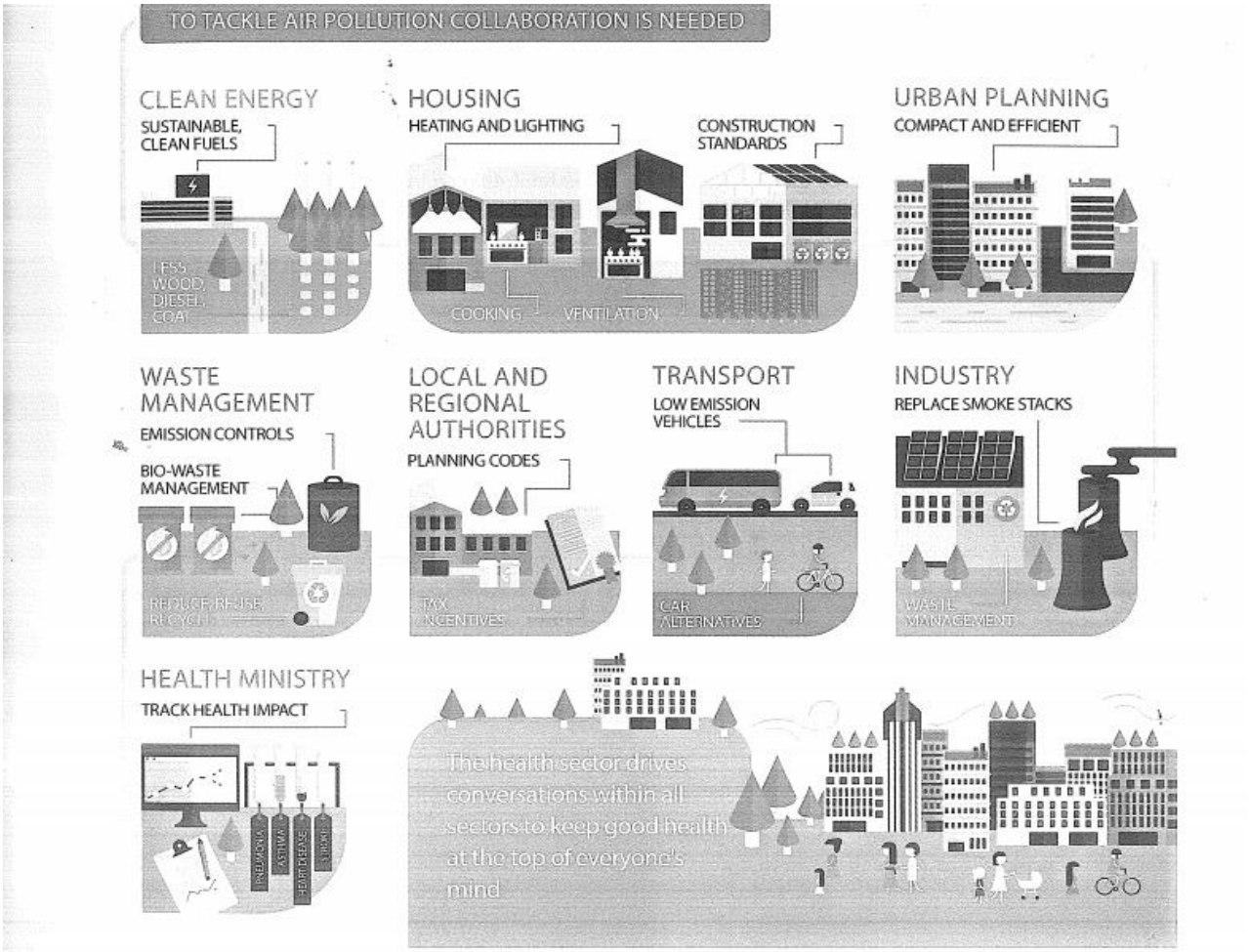

FIGURE 4-4 Intersectoral collaboration on air pollution.

Reproduced from WHO. (2015). *What is health in all policies?*. Infographic on air pollution. http://who.int/social_determinants/publications/health-policies-manual/HiAP_Infographic.pdf?ua=1 (accessed 19 May 2017).

- Implications for health services and systems: based on the rainbow model, health systems were categorized in the midstream level. [Health systems can be described as all institutions and organizations and resources that produce actions whose primary purpose is to improve health (hospitals, clinics, and community centers).]
  In any model or theory talking about the social determinants of health, health services and systems are one of the key points because not only do they provide individual and population level services, but they can also influence the policies and coordinate with actions of other sectors to address social determinants of health. "Health systems can promote health equity when they tackle physical and social environments that affect differential exposure and vulnerability to ill health, including through intersectoral action. They can reduce social gaps and gradients in health by influencing how health services perform, how different social groups experience the service they receive, how widely their uptake or contact translates into effective coverage and care."
    - For health systems to function properly they must have (universality), meaning that their approach must have standardization and equity and we may be able to achieve this by having general taxation or mandatory insurance or providing services for a very low cost or for free for people who need it. Another way of achieving it is having (cross subsidization).

- ❖ Cross subsidization: means that people with more money pay for part of the health services others with less capability may need (transfer of resources form the healthier to the poorer).
  Equity is always a concern when trying the universal approach.

- Social exclusion, social agency and power as social determinants of health:
  - ❖ socially excluded means disadvantaged or poor (some people don't like using this term as they feel that it dismisses any factors like the person's environment or the processes that generate inequality and poverty, and rather placing an emphasis on the social inadequacy).

People in general attain different positions in the social hierarchy coming from their social class, their occupation or employment, their income level and sometimes their gender. These positions can be derived from resources or prestige.

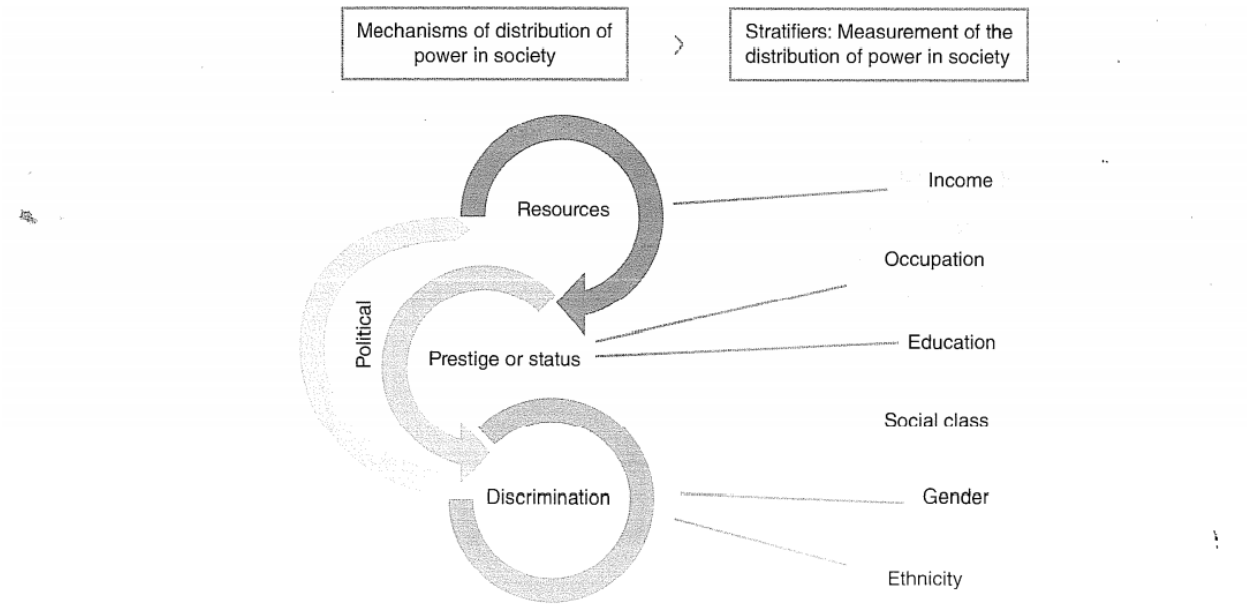

FIGURE 4-6 Mechanisms of distribution of power and their stratifiers.

Reproduced from WHO. (2016). *Innov 8: The Innov8 approach for reviewing national health programmes to leave no one behind*, Geneva, Switzerland: WHO http://apps.who.int/iris/bitstream/10665/250442/1/9789241511391-eng.pdf?ua=1 (accessed 22 June 2017).

Social exclusion means that a group of people are losing the ability or the access to an intervention, only because of their lack of resources or prestige-based measures. Social exclusion is multi-dimensional, dynamic, and relational, and all these properties contribute to making it harder for any community to achieve equity. On the other hand, **social cohesion** is what we want to achieve.

- Social cohesion is basically taking all actions or procedures to avoid any kind of discrimination. Social cohesion can be based in a classroom, a university, or a hospital (these all count as communities).

DEFINITION

Social cohesion refers to the mechanisms and perceptions that exist in a society regarding social integration across various differentials and for confronting discrimination. It affects the sense of belonging within society, together with features of trust, participation, and reciprocity (WHO, 2016). This concept is applied differently in different regions, contexts, and communities. The European Commission's (2016) concept of "active inclusion" means that every citizen, including the most disadvantaged, fully participates in society. It means having adequate opportunity for work, support for income and employment, and access to quality services that enable active participation in society, including through investment in individuals' capacities and opportunities for participation. In contrast, in post-independence South Africa, social cohesion has been identified with nation, peace-building, and diversity in a democratic dispensation, as a response to past racism and inequality (Palmary, 2015).

How can we eliminate social exclusion?

1. *Universalist* policies → applying the same thing for all citizens. (We spoke about them earlier).
2. Policies targeting *specific social groups* → for disadvantaged people or people with a lower economic status.
3. *Market approaches* → "private or state subsidies (payments) to support choices in the consumption of services by poor people to address economic or social barriers to such choices for the most marginalized households."

Context is important in determining which one of these solutions is the best approach along with providing evidence for the sufficiency of these choices for the specific situation.

This list was mentioned as the properties of effective health systems. the Dr. did not say much about it she only read the first two (I wouldn't waste my time 😊)

- Setting health interventions in sites that are familiar to communities, such as markets or schools
- Integrating community mapping, monitoring, and preferences in health planning
- Producing accessible information (such as through newsletters, meetings, and social media) that shares local experience and responds to perceived needs
- Using socially appropriate and participatory methodologies that build on and validate local experience and knowledge
- Involving and supporting community-elected and -located community health workers to strengthen communication and linkages between health systems and communities
- Providing opportunities for dialogue on community perceptions of services, through community audits, health watches, community councils, participatory research, and legal action
- Devolving meaningful budgets to lower levels of the health system to facilitate and support social roles
- Enabling communities to shape the "rules of the conversation" by giving them the ability, resources, and opportunity to define the terms and processes in which they participate and the issues they want to address, and to have input into national laws and policies
- Investing time and resources in, and providing management support for, health worker competencies and incentives for participatory processes (Benequista, Gaventa, & Barrett, 2010; Cornwall & Leach, 2010; Gilson, 2007; Loewenson, 2016; Loewenson et al., 2014; Mbwili Muleya et al., 2008).

- Lastly, evaluating actions: they are important for determining whether a specific action or process is effective or successful. "With no realistic evaluations it can be really difficult to capture the links between the context, the mechanisms and the outcomes." Also, evaluation is important when a specific intervention was made, and it cost a lot of money and resources and we need to decide if it should be continued or replicated.

"Any text between quotation marks are the only parts that the Dr. read word for word from the book."