

SDOH

The Social Dimensions of Risk Factor Surveillance

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Introduction and Background



Today's Discussion

- **FACT:** The premise is that Non-communicable diseases are reaching epidemic proportions worldwide, and NPHIs in all countries – regardless of economic development – are considering or implementing efforts to address these largely preventable illnesses.
- **CHALLENGE:** As national public health systems expand their scopes beyond infectious diseases, public health surveillance efforts must also expand to include not only the rates of non-communicable diseases but also their causes.
- This session will consider the types of surveillance needed to assess the individual behavioral factors associated with chronic illnesses as well as the social and economic determinants of disease.



An old belief

- The health of populations is affected by and is a product of the social determinants in the population



Marmot's View*

- The gradient
- Poverty
- Not inevitable
- Selection
- Causal pathways
- Action

* From Presentation by Michael Marmot: "Fair Health: A Global Challenge Health inequalities within and between countries", CDC Foundation Hero Award 17th September 2007

THE SOLID FACTS: 10 MESSAGES

- THE SOCIAL GRADIENT
- STRESS
- EARLY LIFE
- SOCIAL EXCLUSION
- WORK
- UNEMPLOYMENT
- SOCIAL SUPPORT
- ADDICTION
- FOOD
- TRANSPORT

Implications for risk factor surveillance

- Questionnaires
- Data Analysis



History and Development of Questionnaires Reflects

- The Paradigm shift from disease prevention to health promotion
- Shift back in the causal chain
- Need to have evidence of public health actions



Behavioral Lifestyle Questions

- Alcohol consumption
- Tobacco use
- Food habits
- Physical activity
- Seatbelt use (safety area)
- Sexual behaviors

Close causal chain

TRADITIONAL



Chronic Disease Topics

BIOMEDICAL MODEL

- Alcohol use
- Tobacco use
- Physical activity
- Nutrition
- Breast cancer
- Cervical cancer
- Colorectal cancer
- Mental health
- Activity limitations
- Quality of life
- Hypertension
- Diabetes
- High cholesterol
- Arthritis
- Cardiovascular disease
- Injuries



Demographics

- Age
- Sex
- Race**
- Ethnicity**
- Income
- Education**
- Marital Status**
- Employment**

**SOCIAL CULTURAL FACTORS



Interest Areas

- Diabetes
 - Sexual Behavior
 - Family Planning
 - Health Care Coverage
 - Health Care Utilization
 - Asthma
 - Preventive Counseling Services
 - Cardiovascular Disease
 - Arthritis
 - Fruits and Vegetables
 - Exercise
 - Weight Control
 - Folic Acid
 - Skin Cancer
 - Social Context
 - Tobacco Use Prevention
 - Smokeless Tobacco
- Mixture of socio-medical



The SDOH Possibilities

- Risk assessment
- Fear and anxiety
- Civility
- Social capital
- Urbanization
- HiAP
- Road rage
- Commuting
- TV behaviors
- Internet behavior
- Religious practice
- HSS



Data Analysis: Global Consistencies

- Local estimates seen as important
- Statistical approaches needed that account for complex survey design
- Estimates weighted to the context of the population (varies greatly from country to country)
- Analysis that is dynamic, complex, that reflects the nature of current health issues



Complexity and Methodology

- Understanding multi variate fields of action that may require a mixture of complex methodologies and considerable time to unravel any causal relationships
- Need to recognize the complexity issue as it pertains to surveillance and suggest areas needing development to better understand analytical challenges



What could be the IANPHI perspective?

- Many Organizations interested; Governments, NGOs foundations, civil society; disease based foundations; professional groups
- Advantage of the IANPHI perspective: advocacy, neutrality, special expertise



What are the challenges

Public health response has been concerned with cause and etiology; attention needs to be given to data use and interventions

Identified possible components for SDOH models; now time to test models, implement and evaluate interventions aimed at addressing the SDOH for evidence of effectiveness



Contextualizing the challenge:

- contributing to the operationalization of health intervention action for priority areas;
- support for infrastructure building and institutional progress to support risk factor surveillance and
- provide a framework for sustainable implementation and measurement of outcomes.



Special SDOH characteristics

- Embedded "settings" group
- Embedded "surveillance" group
- Concern with region
- Concern with "delivery" e.g. community , civil society, etc/
- Overriding issue is action for change
- Focus on the non-medical



1. To make concrete progress towards policy developments that positively influence these determinants.
2. To take forward existing work on the socio-economic determinants of health as an approach to reduce health inequities in the EU.
 - To identify **innovative approaches** using social marketing and public private partnership models and pilot 3 of them
 - To **raise the awareness** of health determinants in other policy sectors and to **build the capacity** of Consortium members to act upon them.
 - To develop **www.health-inequalities.eu** as the main EU online resource for socio-economic determinants and health inequalities.

WARFS

- World Alliance for Risk Factor Surveillance
- Working group under IUHPE
(International Union for Health Promotion and Education)
- Creating Networks for Global Surveillance
- Major part of mission is to address the methodology of incorporating the surveillance relevant to SDOH



Q and A



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Thank You!!

