

# Understanding Health Disparities Fundamental Causes & Pathways

## Social Determinants of Health

The ingredients needed for health are well known: they include food, water, oxygen, physical activity, rest, sleep, intellectual stimulation and social connectedness, as well as preventive and remedial health care. Health is undercut by inadequate supplies of these ingredients, or is actively thwarted by harmful inputs such as hazardous components in food, air or water; assaults to physical integrity; psychologically stressful circumstances or damaging social interactions.

From the foregoing it follows that a population's access to health is determined by the degree to which it can access the basic ingredients for health and the degree to which it is exposed to harmful inputs. Thus if social factors are at the root of observed health disparities, as many researchers have demonstrated, then they must differentially affect populations' access to the ingredients for health and exposure to harmful inputs

It is well established in the literature that socioeconomic status (SES) affects health. SES is usually seen as a function—to varying degrees in different cultures and communities—of financial capacity (income and wealth), occupation, education, and social status. It is now widely accepted that the factors that have the greatest effect on people's health lie outside and beyond the control of the health sector. Income, housing, education and employment are factors that play a major part in the ill-health people experience during their lifetimes. (A Guide to Health Impact Assessment: A Policy Tool for New Zealand, 2004)

Additionally, health disparities are shown to manifest as a gradient across the SES spectrum, rather than as a single gap between those at the extremes of SES: as one moves up the SES ladder, health tends to improve. Indeed it appears that a social system that creates a hierarchy will produce disparities in health: the greater the social inequality, especially income inequality, the wider the disparities. The ongoing Whitehall Study in England is a major contributor in this area of inquiry.

Health disparities across race/ethnicity are also widely examined in the literature, with the general conclusion that racial/ethnic discrimination affects health outcomes both directly and through its influence on SES. Less commonly investigated are disparities across gender, age, ability status, national origin, religious background, sexual orientation, citizenship status or other factors for which discrimination exists; but it is likely that discrimination operates similarly—that is, both directly and through SES—though also distinctly in each case.

Increasing traditional access to healthcare (often measured by insurance and usual source of care) is held by many to be an important step to reducing health disparities. However, analysts demonstrate that focusing on access to care without also addressing discrimination and SES factors such as income, education and occupation will not be sufficient to close the gap.

## Pathways Leading from SES and Discrimination to Health Disparities

How does socioeconomic status or discrimination influence health? Numerous investigators have examined the pathways through which disparities in economic, educational and occupational status and discrimination lead to observed disparities in health status. Traditionally this examination has served to guide interventions at the proximate-cause or individual level; for example, promoting exercise to reduce the rates and risks of childhood obesity, where obesity has been found to be higher in lower-SES populations. A preponderance of recent work, however, points to income, wealth, education and discrimination as root causes and therefore as more promising leverage points for change. That is, addressing those underlying disparities is more likely to produce broad, sustainable reductions in health disparities.

# Social Determinants of Health: The Social System and Pathways Providing Access or Barriers to Health

**Education** (level, quality, prestige) determines

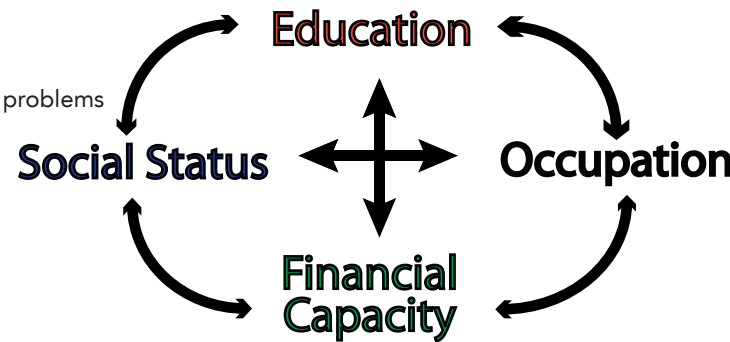
- Knowledge base
- Critical thinking skills/ability to process information
- Social skills (ability to interact with institutions and health practitioners)
- Socialization to adopt health-promoting behaviors
- Sense of autonomy, capability and options

**Social Status** (privilege and power) determines

- Exposure to bias-based stress or violence
- Exposure to environmental hazards
- Exposure to marketing of unhealthy behaviors
- Ability to influence social/political systems to meet needs/solve problems
- Sense of security, autonomy, optimism
- Quality, degree and appropriateness of health care

**Occupation** (level, security, mobility, advancement) determines exposure to healthful/unhealthful

- Physical activity
- Psychological or emotional conditions
- Ambient climate, noise and light levels
- Chemical or biological agents, vibration, explosives, machine hazards, violence
- Food service, meal and snack options
- Leave policies
- Culture regarding health behaviors
- On-site health education, prevention, treatment



- Healthy food
- Recreational opportunities
- Reliable health information
- Preventive care
- Treatment
- Health insurance
- Leisure activities
- Safe child care
- Transportation
- Flexibility and options to cope with stressors, setbacks
- Sense of security, power, choices
- A home with
  - Safe, effective climate control
  - Books, computer, internet
  - A degree of order, cleanliness
  - Amenities (e.g. laundry)
- A home without
  - Construction hazards
  - Toxins, mold, mildew, pests
  - Overcrowding

- A home in an area with
  - Good social cohesion
  - Low crime rate
  - Good infrastructure (communications, utilities, transportation, law enforcement)
  - Minimal pollution (air, water, surface, noise)
  - Quality, safe, accessible schools and child care
  - Safe, accessible recreational opportunities
  - Access to affordable, healthful food
  - Access to good employment
  - Access to leisure activities
- Time for
  - Purchasing and preparing healthful food
  - Physical activity
  - Leisure activities
  - Family nurturance (structure, organization, reading to children)
  - Preventive care
  - Treatment