SOCIAL DETERMINANTS OF HEALTH AND HEALTH INEQUALITIES: A LIFE COURSE APPROACH

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PAHO/WHO
Faculty/Presenter Disclosure

• Dr. Sonja Caffe has no relevant financial relationships with the manufacturer(s) of commercial services discussed in this CME activity
UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL COVERAGE OF HEALTH
WHO SOCIAL DETERMINANTS OF HEALTH FRAMEWORK
# PATHWAYS AND MECHANISMS

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<thead>
<tr>
<th>SOCIAL SELECTION PERSPECTIVE</th>
<th>Health determines socio-economic position; unhealthy individuals drift down the social gradient and healthy move up</th>
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<tr>
<td>SOCIAL CAUSATION PERSPECTIVE</td>
<td>Social position determines health through intermediary factors (psychosocial, behavioral); social causation as the main explanation for inequalities in health</td>
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<td>LIFE COURSE PERSPECTIVE</td>
<td>Recognizes the importance of time and timing in understanding causal links between exposures and outcomes within an individual life course, across generations and in populations</td>
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WHY PAHO/WHO’S EMPHASIS ON THE LIFE COURSE PERSPECTIVE?

1. THE LONGEVITY REVOLUTION

2. CURRENT TRENDS IN HEALTH DEVELOPMENT

3. EXPANDING EVIDENCE BASE

4. GUIDING PRINCIPLES ALIGNED WITH PUBLIC HEALTH PRINCIPLES AND CURRENT GLOBAL AGENDA
THE LONGEVITY REVOLUTION

From 23 years of age during the Roman empire to 40 years at the beginning of the XX century.

The life span increased by 30 years in one century.

The longevity "democratization".
CURRENT TRENDS IN HEALTH DEVELOPMENT

The speed of change increases with each generation

Adapted from Halfon et al., 2014. Health Development: Past, Present and Future.
The evidence ...

Effect of Health Protective Factors on Health Deficit Accumulation and Mortality Risk in Older Adults in the Beijing Longitudinal Study of Aging

Life course health development: past, present and future

Lifetime risks of cardiovascular disease

Background: A relationship between current socio-economic position and subjective quality of life has been demonstrated, using wellbeing, life and need satisfaction approaches. Less is known regarding the influence of different life course socio-economic trajectories on later quality of life. Several conceptual models have been proposed to help explain potential life course effects on health, including accumulation, lateral, pathways and social mobility models. This systematic review aimed to assess whether evidence supported an overall relationship.
Life Course Video:

https://drive.google.com/file/d/0Bwf_wvfoP7tiRTVuSWFWRmZGSFk/view
The assumption that inequalities in health today, whether between or within countries are caused by contemporary differences in circumstances of life is not sustainable for a range of important diseases that appear to be driven instead by poor socioeconomic circumstances in early life and childhood (Leon, 2000).

A life course approach is paradoxical as on the one hand it is intuitively obvious, and yet on the other hand is empirically complex (Shlomo & Kuh, 2002).

A life course perspective may help understand the underlying geographical patterns of mortality, particularly East-West differences (Shlomo & Kuh, 2002).
### Concept Definition

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<tr>
<th>Concept</th>
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<tr>
<td>COHORTS</td>
<td>A group of persons sharing a particular historical time; birth cohorts may share a particular exposure (<em>i.e.</em> war, pesticide).</td>
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<td>PATHWAYS OR TRAJECTORIES</td>
<td>Health trajectories are constructed over the lifespan; individual trajectories may vary, but patterns can be predicted for populations and communities based on social, economic and environmental exposures and experiences.</td>
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<td>CRITICAL OR SENSITIVE PERIODS</td>
<td>These are periods of transition; time periods when change (biological, social) is occurring rapidly; impact of adverse or beneficial exposures is greatest; Health trajectories are particularly affected during critical or sensitive periods (<em>i.e.</em> pregnancy, early childhood, adolescence, peri-menopausal period, retirement)</td>
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<tr>
<td>Concept</td>
<td>Definition &amp; implications</td>
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<td><strong>LINKED LIVES</strong></td>
<td>Grandparents, parents and children are linked across generations by common genetic and social influences – <em>intergenerational exposure, social transmission of risk across generations</em> <em>(i.e. neighborhood, poverty, etc.)</em>; Individual’s life trajectories influence future health status and outcomes across time and across individuals <em>(i.e. mother-infant).</em></td>
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<td><strong>RISK AND PROTECTIVE FACTORS</strong></td>
<td>Pathways or trajectories are changeable. Protective or restorative actions can reduce risk and change the trajectory. Understanding of the <em>temporal relationship</em> between variables is critical to identify the points of intervention where chains of risk can be broken.</td>
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## Concept Definition & implications

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<td><strong>CUMULATIVE IMPACT</strong></td>
<td>Factors that raise disease risk or promote good health may <em>accumulate over the life course</em>; Accumulated risks can be independent or correlated (clustered)</td>
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<td><strong>TRANSFER OF ASSETS</strong></td>
<td>Experiences with and lessons learned from life transitions or life events have an impact on subsequent transitions and events in the same individual, but also impact the life course of linked individuals. These can be positive as well as negative assets (<em>i.e.</em> coping mechanisms, alcoholism). This mechanism can be used to promote protective factors and reduce risk factors at the individual, family and community level (<em>i.e.</em> building resilience &amp; social capital).</td>
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EARLY CHILDHOOD DEVELOPMENT (ECD)

- Is holistic: Physical, mental, spiritual, moral and social development
- Requires positive action
- Requires access to basic services
POSITIVE ADOLESCENT AND YOUTH DEVELOPMENT

ATTRIBUTES
- Positive identity
- Self-efficient
- Capacity to plan with anticipation
- Diligence
- Positive future perspective

CONTRIBUTION
- Training
- Formal education
- Interpersonal skills
- Critical thinking
- Emotional skills
- Self-control
- Academic achievement

AGENCY
- Commitment
- Connectedness
- Social participation
- Favorable laws and policies
- Gender equality
- Physical and psychological safety

SUPPORTIVE ENVIRONMENT
- Care
- Caracter
- Competence
- Confidence
- Connection

Fuente: Adaptado de youthpower.org
http://www.youthpower.org/positive-youth-development
IMPLICATIONS

- Different definition of health goals:
  - To optimize health across the lifespan for all people
  - To eliminate health disparities across populations and communities

- Change in accountability: responsibilities across cohorts; shared responsibilities.

- Need to incorporate a whole-person, whole family and whole community approach – alliance building beyond the usual reach of public health.

- Need for horizontal linkages and integration between health and other services.
• The availability of services and support during critical or sensitive periods throughout the lifespan must be assured.

• Risk and protective factors that will influence tomorrow’s health must be addressed today.

• There must be a focus on health equity from the perspective of the population and time: going beyond tracking disparities to identify and addressing root causes of disparities at the population level.
IMPLICATIONS (3)

- The broader social and environmental context in which people live and the connections across the lifespan must be taken into account in the design of interventions.

- The temporal or longitudinal aspect of risk and protective factors in the analysis of health and disease must be taken into account.

- Justifies a strong emphasis on a healthy start: pre-conception, antenatal, neonatal periods
THE SDGS AND THE GLOBAL STRATEGY FOR WOMEN’S, CHILDREN’S AND ADOLESCENTS’ HEALTH

LEAVING NO ONE BEHIND!!!
THANK YOU

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