Social Determinants of Health

Concepts and Methods Relevant to Air Pollution

Sam Harper

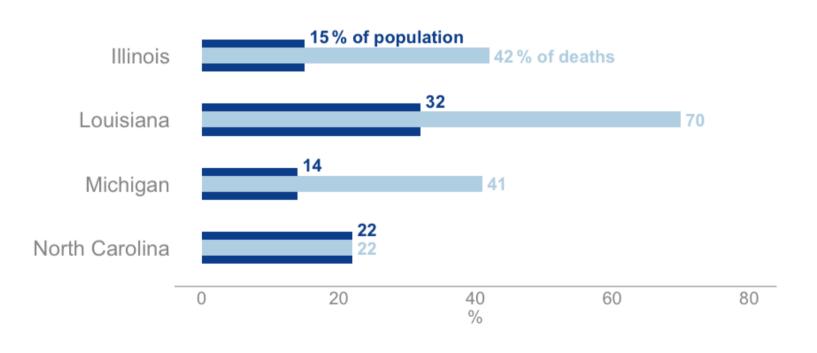


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Disproportionate racial impact of COVID-19 on deaths

Pandemic exposure reveals underlying inequalities in social conditions.





"We have long known that emissions coming from these facilities are very dangerous to the health of people who live nearby, and it is black people who live the closest. So I'm getting tired of being told our Covid death rates are only because we're obese or have diabetes or are eating badly, without any regard to the systematic harm pollution has caused us."

-Beverly Wright Deep South Center for Environmental Justice



A photograph of Terry Sharpe Sr., 49, held by his widow, Debra Sharpe, and his children, Terry Sharpe Jr. and Emily Sharpe. A truck driver and a Zulu member since 2017, Sharpe died of Covid-19.

"The conditions in the social and physical environment where people live, work, attend school, play and pray have an outsize influence on health outcomes."

"Those in the public-health field call these conditions social determinants of health".

What are Social Determinants of Health?

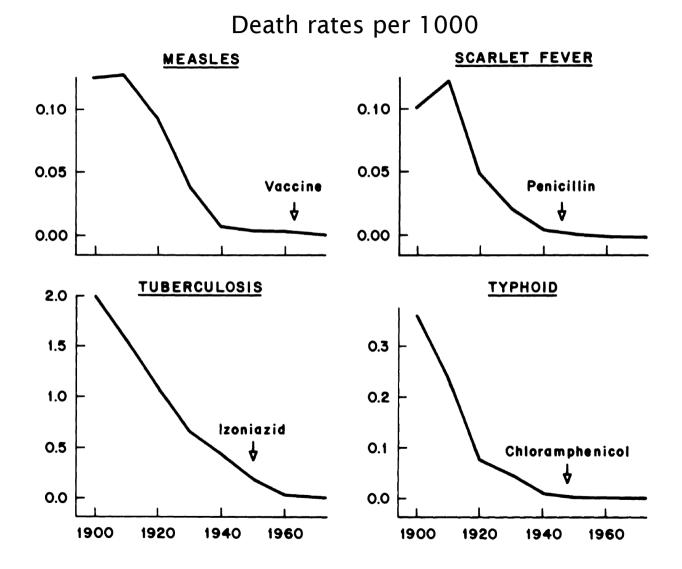
The social determinants of health are the conditions in which people are born, grow, live, work and age.

- Availability of resources(e.g., safe housing and local food - markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources in support of community living and - opportunities for recreational and leisure-time activities
- Transportation options
- Public safety

- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder
- Socioeconomic conditions (e.g., concentrated poverty)
- Residential segregation
- Language/Literacy
- Access to mass media and emerging technologies
- Culture

Concepts

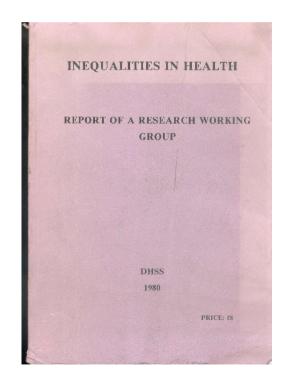
Medical care matters, but not much



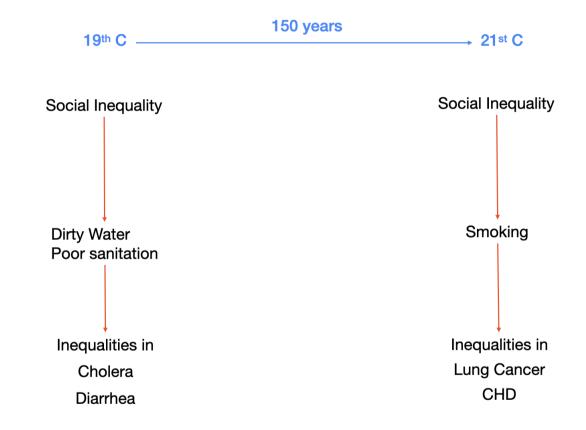
The UK Black Report (1981) cemented the idea of **persistent** health inequalities

Universal health insurance did not reduce inequalities.

More ambitious interventions needed in education, housing and social welfare, in addition to improved clinical care.



Mechanisms may change, but social inequalities continue to reproduce health inequalities.



Risk factors are insufficient

"The social class difference was partly explained by known coronary risk factors: men in the lower grades smoked more and exercised less, they were shorter and more overweight, and they had higher blood pressures and lower levels of glucose tolerance.

Most of the difference, however, remains unexplained. It seems that there are major risk factors yet to be identified"
-Rose and Marmot, 1981

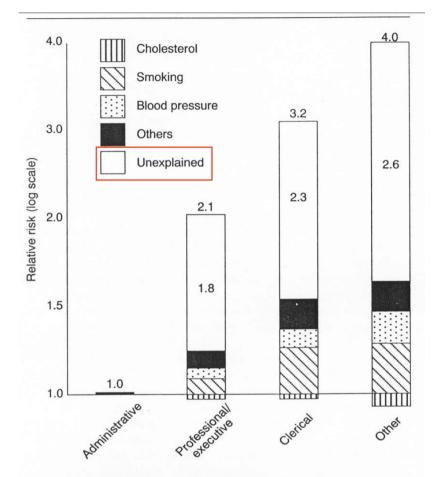


Figure 4.1: Relative risk of death from coronary heart disease according to employment grade, and proportions of differences that can be explained statistically by various risk factors

Note: 'Others' = height, body mass, exercise, glucose tolerance

Source: G. Rose and M. Marmot, Social class and coronary heart disease.

British Heart Journal 1981: 13–19

Interventions need to be social

"...the primary determinants of disease are mainly economic and social, and therefore its remedies must also be economic and social."

-Geoffrey Rose

Note | y-axis difference!

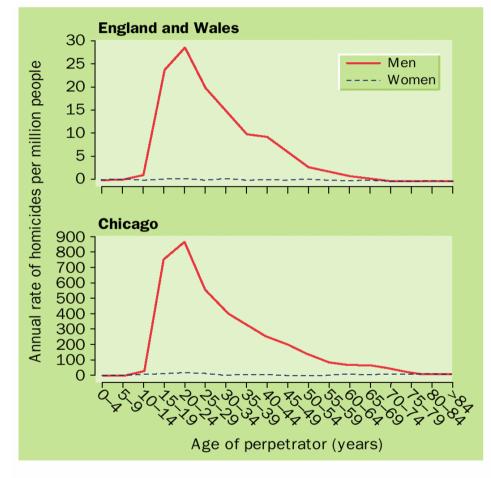


Figure 1: Rates of homicide in Chicago and England and Wales by age and sex of perpetrator





Closing the gap kin a generation

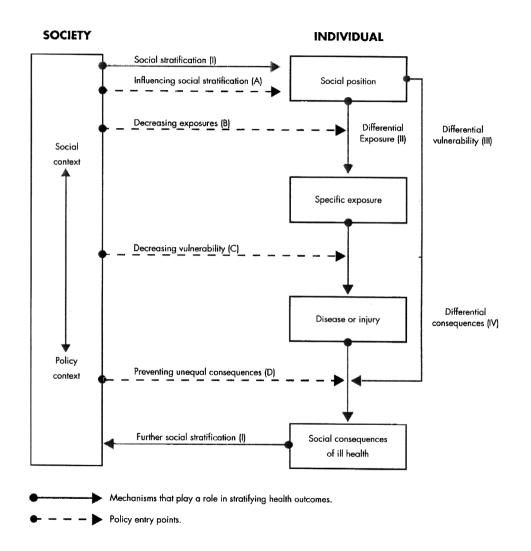
"Social injustice is killing people on a grand scale."

Health equity through action on the social determinants of health

Conceptual model

of SDOH (will redraw for legibility)

- Explicit links between social exposures
- Differential exposure and susceptibility
- Key leverage points for policy intervention



Early evidence of disproportionate impact of environmental hazards

A20

THE NEW YORK TIMES.

Race Bias Found in Location of Toxic Dumps

By LENA WILLIAMS

munities with large concentrations of unemployment," said the Rev. Benja- substantially lower in communities black and Hispanic people have more hazardous waste facilities than other populated areas, a study released to-

Church of Christ's Commission on Ra- a plethora of pressing problems recial Justice, asserted that the possibil- lated to their day-to-day survival." ity that the placement of these dumps resulted by chance was "virtually impossible." It found that depressed economic conditions and a lack of educa- icans live in areas with waste sites, the tion had made minorities especially commission found that communities particularly concerned about the

marily concerned about the quality of The study, prepared by the United their environment when confronted by

Economic Incentives Offered

Although 53 percent of white Amerwith the greatest numbers of dump- health risks posed by these facilities,

"Many predominantly minority com- shad the highest concentration of nonmunities are beset with a number of white residents. In addition, the study WASHINGTON, April 15 - Com- problems, ranging from poverty to said that income and home values were

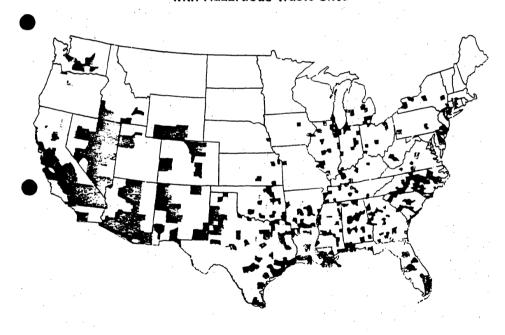
> The group said that in many cases the location of the waste sites seemed to hinge on economic incentives. Residents in communities that agreed to be host to such facilities were often promised jobs and contracts to minorityowned firms, the study found.

> Mr. Chavis said the commission was

TOXIC WASTES AND RACE

In The United States

A National Report on the Racial and Socio-Economic Characteristics of Communities with Hazardous Waste Sites



Persistent racial and socioeconomic inequalities in exposure

"...findings raise serious questions about the ability of current policies and institutions to adequately protect people of color and the poor from toxic threats."

Toxic Wastes and Race at Twenty 1987—2007

A Report Prepared for the United Church of Christ Justice & Witness Ministries



THE LONG-TERM DYNAMICS OF RACIAL/ETHNIC INEQUALITY IN NEIGHBORHOOD AIR POLLUTION EXPOSURE, 1990-2009

Nicole Kravitz-Wirtz

Population Studies Center, University of Michigan

Kyle Crowder

Department of Sociology, University of Washington

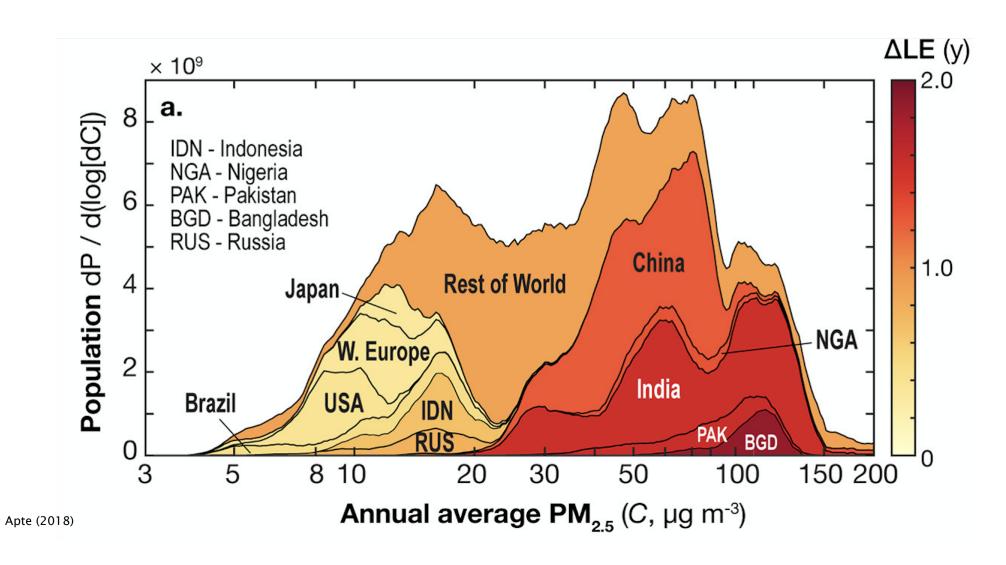
Anjum Hajat

Department of Epidemiology, School of Public Health, University of Washington

Victoria Sass

Department of Sociology, University of Washington

Individual vs. population determinants



Reviews of evidence on pollution and SDOH

Important heterogeneity

Most find that risks are more concentrated among disadvantaged social groups.

Plea for better methods



Methodological Issues

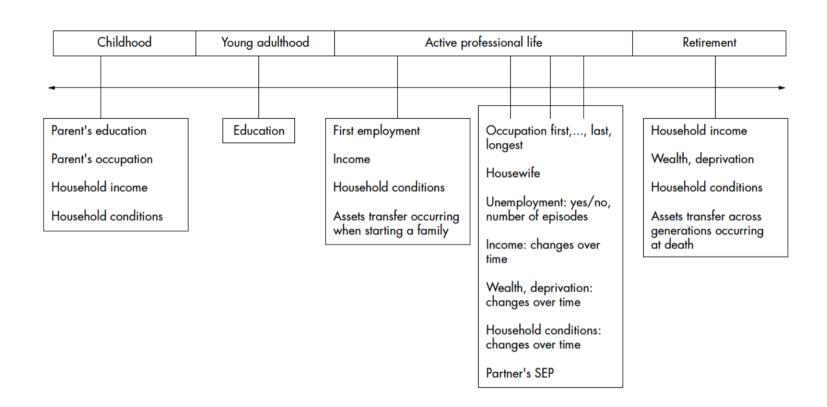
1. Clarity about the study goal

Descriptive aims

require attention to relevant units and measures.

Measures of the "social" are context dependent.

Need to fit for purpose.



What is the relevant risk for a particular pollutant?

Source: Galobardes (2004)

Earnings of teachers vs. non-teachers

Social position isn't static

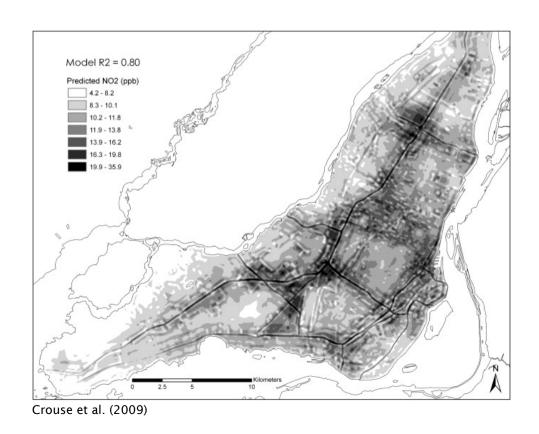
"Status"
takes place in
the context of
an
overarching
structure.

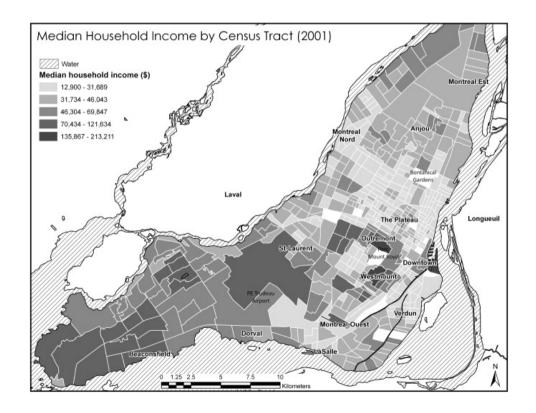


Source: https://www.hamiltonproject.org/charts/annual_earnings_of_teachers_and_non-teachers

Context also matters for impacts

Higher income downtown core more exposed to NO_2





1. Clarity about the study goal

Descriptive aims

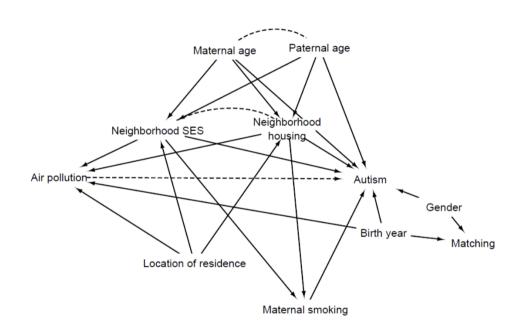
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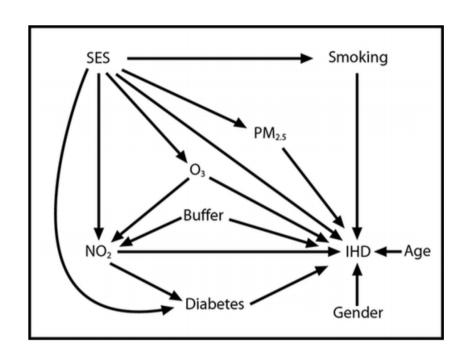
Interventions

need all of the above $\frac{1}{2}$ plus causal evidence.

Causal inference is hard.

Causal models have implications for analysis.





Integrating multiple causes to explain inequalities.

the individual contribution of PM2.5 is comparable in magnitude to any single individual- or neighborhood-level factor.

2. Multi-level, multi-causal

Incorporating social determinants means incorporating the

2. Which "social" exposures matter?

Setting the stage

Social hierarchies affect the conditions into which people are born, grow, live, work, and age.

Greater attention to social determinants will enrich explanations and improve science and policy.

