

Social Determinants of Health: Research Priorities

Preliminary advice to NHMRC 16 November 2012

Following the seminar at NHMRC on research for social determinants of health on 25 September, 2012, Promoting a Healthy Australia (ANPHA) has prepared this preliminary paper to progress discussion of practical research options for NHMRC to consider.

Background

Many of the underlying causes of poor health originate from the environmental and social contexts in which people grow, live, work and age. This reflects the evidence that good and poor health are unevenly distributed, and that those Australians with less income, education or secure working conditions are more likely to experience premature morbidity and mortality. These disparities are especially acute for Aboriginal and Torres Strait Islander peoples, people with a disability, and those with poor literacy, limited access to health services and to affordable healthy lifestyle choices¹.

The problem is not only characterised by the poor health of those most disadvantaged but by the progressive decline in poor health with decreasing social advantage – in other words, there is a social gradient affecting health equity. In responding to the social gradient, preventive action is required not simply to target the needs of the most disadvantaged, but in serving society as a whole, to include the most disadvantaged fully in health improvements.

The problems have been recognized and described and frameworks with suggested causal links developed - if not fully supported by comprehensive research². Priority research in relation to the social determinants of health is now in finding effective and feasible solutions through implementation research and in improving the corresponding understanding of causality. Understanding the social influences on health calls for a complementary strategy to the biomedical approach of health. Similarly, health research for resolving the social effects has to be shifted from a model focused primarily on the individual to one using different disciplines, acceptance of different kinds of evidence, involvement of communities and preparedness to conceptualise within a web of determinants.

¹ Marmot M and Wilkinson R (eds) (2003) *Social determinants of health: the solid facts*, World Health Organization Geneva

Marmot M, Allen J Goldblatt P et al. (2010) *Fair society, healthy lives – the Marmot Review*, Strategic Review of Health Inequalities in England post 2010, London

² Ostlin, P et al (2010) *Priorities for research on equity and health: implications for global and national priority setting and the role of WHO to take the health equity research agenda forward* Final report November 2010 WHO Geneva

Exworthy M, Bindman A, Davies H and Washington E (2006) *Evidence into policy and practice? Measuring progress of US and UK policies to tackle disparities and inequalities in US and UK health and health care* The Millbank Quarterly 84 (1): 75-109

A framework for priority research in social determinants of health

Following the Final Report of the WHO Commission on Social Determinants of Health in 2008, a consultation paper was commissioned by the Equity Analysis and Research Unit of WHO in 2010. This paper³ offers a useful approach for thinking about research priorities. It suggests four areas:

- global factors and processes;
- factors and process that differentially affect peoples' chances of being healthy;
- health system factors that affect health equity; and
- policy interventions to reduce health equity.

Health sector research questions should be explored in the latter two areas.

Research must be policy and practice relevant, so that development of the research agenda must start with notions of where policy is heading. Interventions can be considered in terms of key behavioural risk factors, particularly obesity, harmful consumption of alcohol and tobacco smoking each of which can have underlying causal links to social circumstances affecting empowerment or cultural context for making healthy choices. Policy development in each of these areas requires supportive evidence from research.

Health system factor research refers to supply and financing of healthcare and the understanding of the effects of poor access to healthcare on wealth and social position. Key policy questions relate to health service coverage, quality in terms of roundedness for complex issues and where social inclusion can be improved.

Possible health system questions related to social factors

- Do health service organisations disempower or empower the socially excluded? Are gender and cultural issues accounted for?
- Are specially targeted preventive primary care services required for marginalized groups such as those imprisoned, those addicted to drugs, those with mental illness or intellectually disabled? What evidence is there of best strategies?
- How does primary care deal with differentials in understanding of ill-health among patients – and how does this understanding inform chronic disease self-management and lifestyle issues to prevent secondary problems? Are supports provided for compliance, follow-up and self-care?
- What is the extent of community participation in health systems design and operation in Australia? Are Medicare Locals influencing this? What is the impact on health services improvement, access and health outcomes?
- How are health services taking account of the possible influences of social and environmental influences on patients' health?
- Do health services link intersectorally for better understanding of local health issues and possible action to improve health?
- Are specialized prevention interventions required for the socially disadvantaged presenting for healthcare? What works best in primary care? How can barriers be overcome?
- What are the social barriers to demand for and access to services in Australia? Have recent Health Reforms made improvements?

³Ostlin, P et al (2010) *Priorities for research on equity and health: implications for global and national priority setting and the role of WHO to take the health equity research agenda forward* Final report November 2010 WHO Geneva

Note the Australian Centre for Health Service Innovation <http://www.aushsi.org.au/> includes support (and has several funders including NHMRC) for projects relevant to the derivation of service benefits among disadvantaged/special interest groups such as:

- InterLACE: International collaboration for a life course approach to reproductive health and chronic disease events⁴;
- Enhancing Indigenous Women's Wellness: Strengthening and Supporting Indigenous Women in the management and prevention of Diabetes;⁵
- Are we missing opportunities: Understanding health behaviours associated with overweight in pregnancy and New Beginnings Healthy Mothers and Babies Study;⁶ and
- Hospital utilisation among people born in refugee-source countries.⁷

Possible policy interventions questions related to social factors

How can we improve evaluation of population-based interventions to evaluate the effects on the social gradient?

What monitoring strategies and indicators are most useful for implementing effective programs that take account of, and address, the social determinants of health?

What are the most appropriate economic evaluation methodologies for such interventions?

What has been found to work and what does not work? Delivered in what settings? Delivered with what population sub-groups?

What methodologies for systematic reviews are most appropriate for socially affected end-points?

Is participatory research in disadvantaged communities feasible in Australia? Is it necessary? What has been the impact where employed?

How well are natural experiments (where observation data on an intervention group and a control group exist without deliberate randomization) identified and exploited – particularly in the context of Australian federalism?

Are there specific translational strategies to be employed when evaluating interventions to address the social determinants of health?

Criteria for the type of research required

- Policy and practice relevant
- Incorporating translational strategies
- Multidisciplinary, inclusive of social sciences insights
- Community participation where possible

⁴ <http://www.aushsi.org.au/projects/interlace-international-collaboration-for-a-life-course-approach-to-reproductive-health-and-chronic-disease-events>

⁵ <http://www.aushsi.org.au/projects/enhancing-indigenous-womens-wellness-strengthening-and-supporting-indigenous-women-in-the-management-and-prevention-of-diabetes>

⁶ <http://www.aushsi.org.au/projects/are-we-missing-opportunities-understanding-health-behaviours-associated-with-overweight-in-pregnancy--new-beginnings-healthy-mothers-and-babies-study>

⁷ <http://www.aushsi.org.au/projects/hospital-utilisation-among-people-born-in-refugee-source-countries>