

Social Determinants of Health Disparities and Intersectoral Partnerships:



Understanding the Importance of Rivers and Bridges.



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This talk:

- Background and nature of (oral) health disparities
- Why we should work to reduce them
- Some thoughts intersectoral approaches

Understanding Health Disparities
What We Know

Look Upstream

Understanding Health Disparities

Causes and Solutions Lie Upstream

- Systematic
- Socially Produced
- Unfair

- Allows you to address symptoms and causes



Health Disparities: Systematic

- Not Random.
- Relationship between:
Groups
 - SOCIAL
 - SES
 - Race/Ethnicity
 - BIOLOGICAL
 - Gender
 - Age
 - Genetic

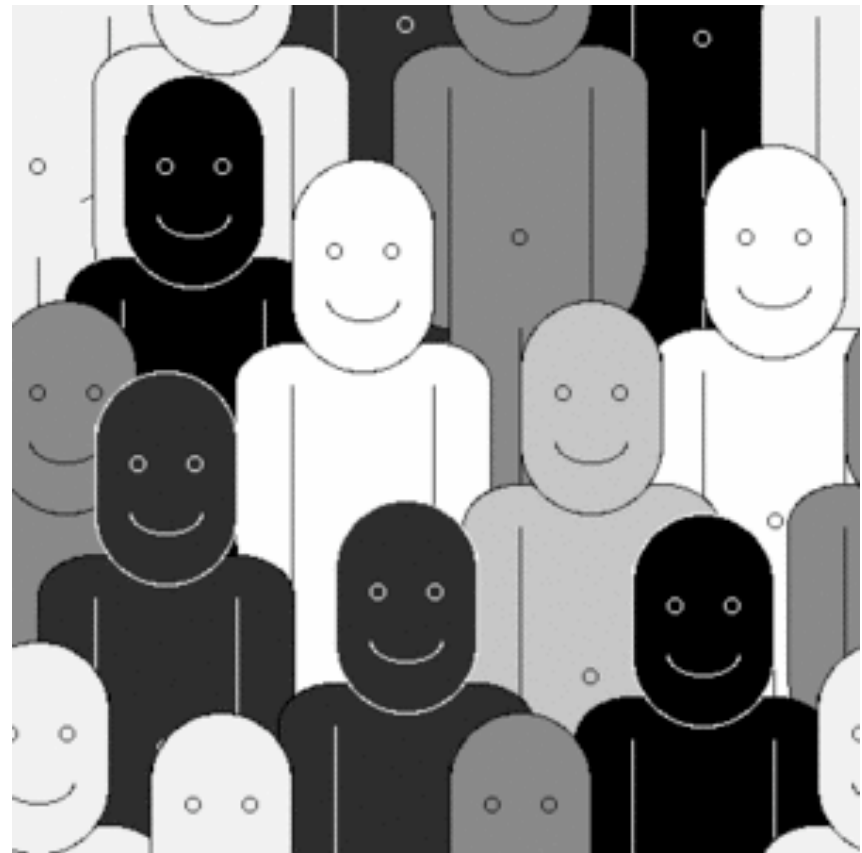


Look Upstream

Whitehead and Popay, 2010

Health Disparities: Social Process

- Disparities are **sociological** not biological.
- Solutions need to be **socio-political** (not biological).



Look Upstream

Whitehead and Popay, 2010

Health Disparities: Unfair

- Health Equity issue
- Created and maintained by social factors.
 - A symptom of underlying issues

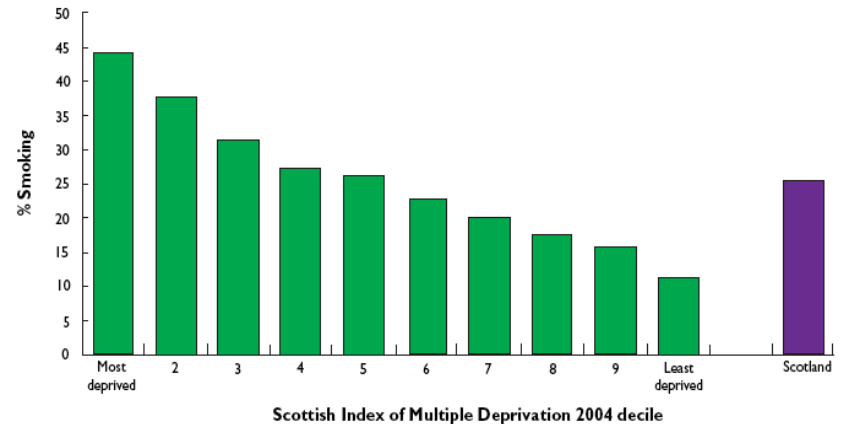


Look Upstream

Whitehead and Popay, 2010

Health Disparities: Unfair

**TOBACCO
COMPANIES
TARGET**



Woodward & Kawachi, 2000

Health Disparities: Affect Everyone

Life Expectancy is Longer in More Equal Rich Countries



Source: Wilkinson & Pickett, *The Spirit Level* (2009)

www.equalitytrust.org.uk

The Equality Trust

Health Disparities: Avoidable?



Health Disparities: Cost Effective?



- Lack evidence on effectiveness and cost
- Incomplete understanding of mechanisms causing SES disparities

Where are Gaps in Knowledge

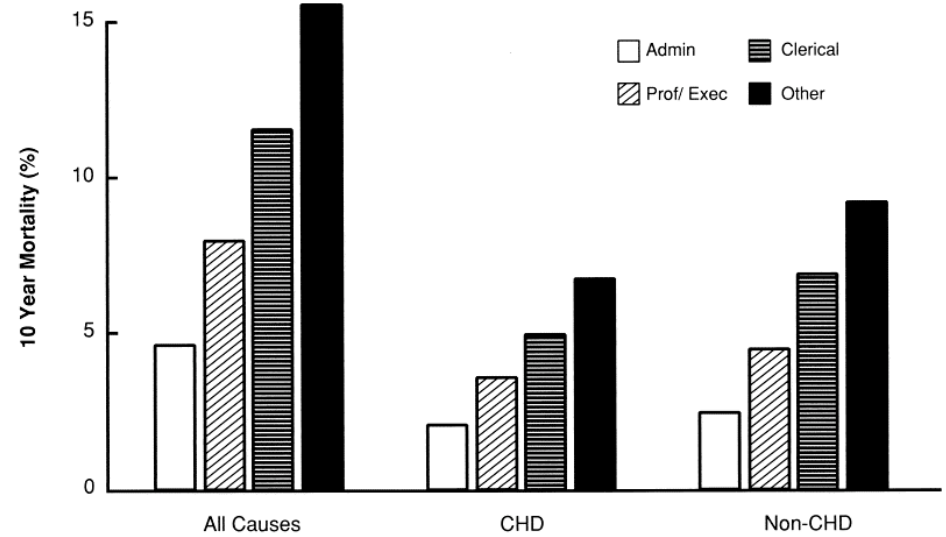
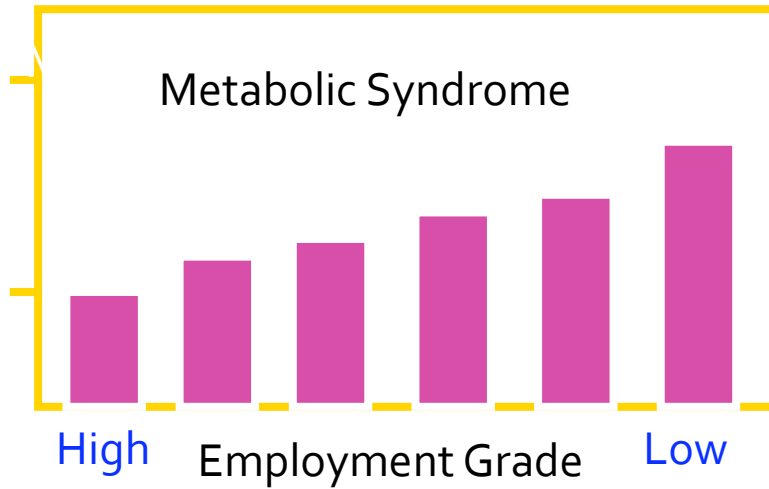
- Better surveillance system: at all levels.
- Better measure of disparities
- What are costs and benefits
- What is clustering with oral health
 - canary in the coal mine

Mechanisms and Theories

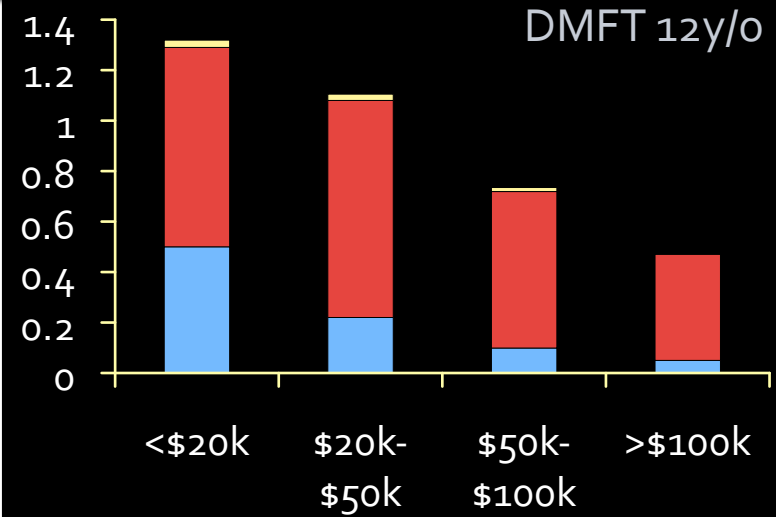
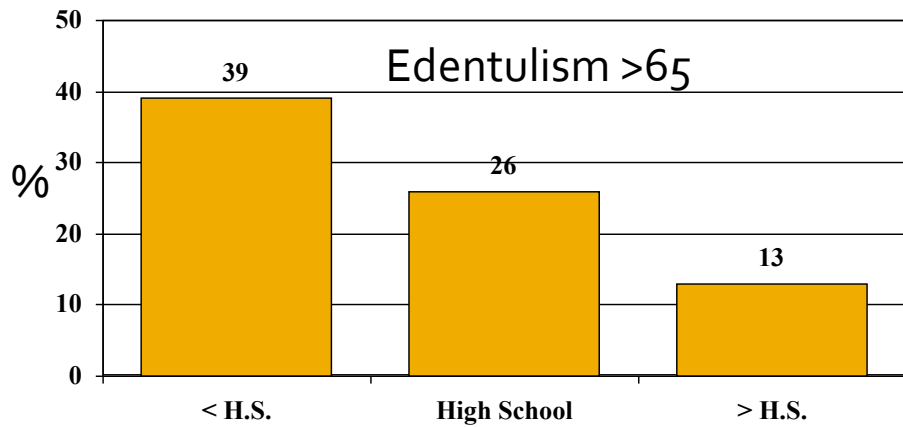
How Disparities Arise

WHITEHALL:

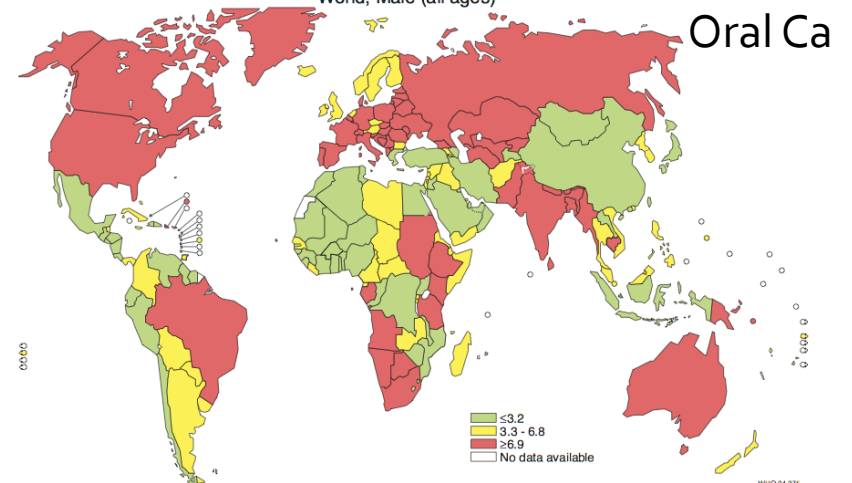
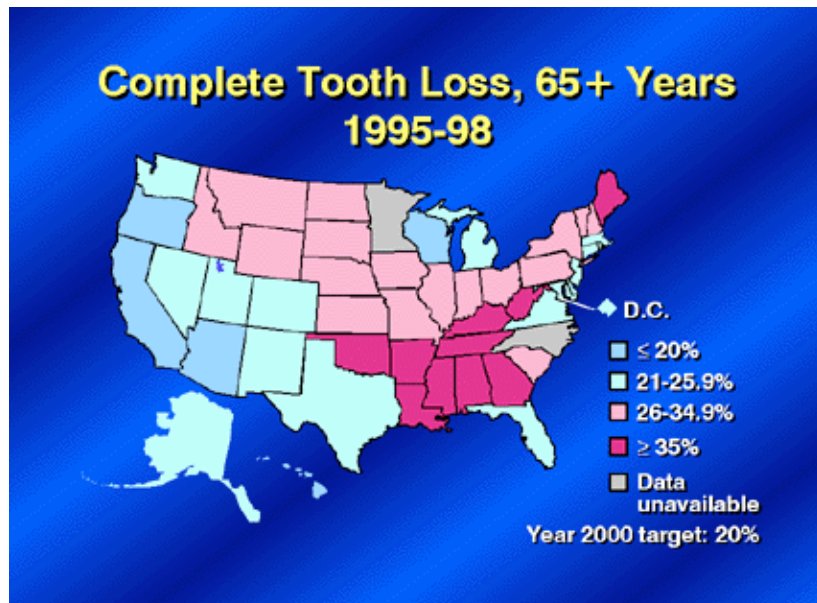
CVD Risk Factors by Employment Grade



Disparities at all levels



Age-standardized rate (ASR) per 100 000 world standard population
World, Male (all ages)



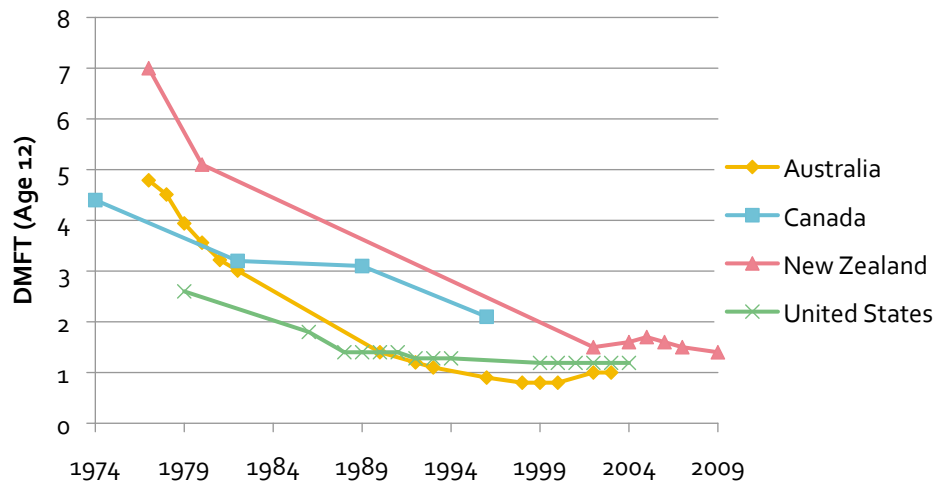
The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dashed lines represent approximate border lines for which there may not yet be full agreement.
Source: GLOBOCAN 2002 International Agency for Research on Cancer <http://www.depd.b.iarc.fr/globocan/globocan2002.htm>

Changes in Caries Distribution

At Risk

All Children

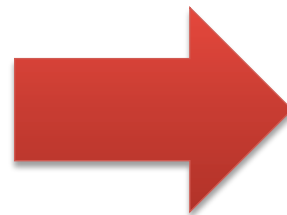
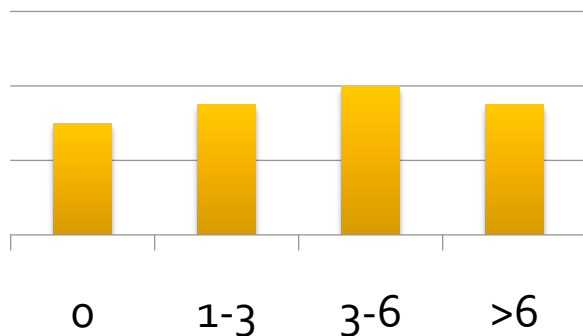
Mean DMFT (Age 12) By Country



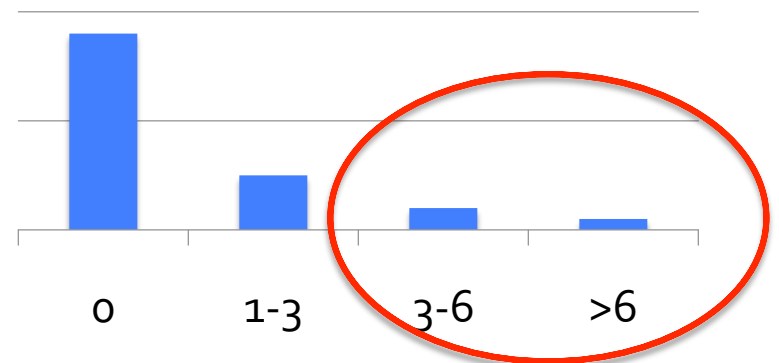
At Risk

- Maori
- AI/AN
- Head Start Rural Poor (Appalachia)
- Migrant Worker
- Etc.

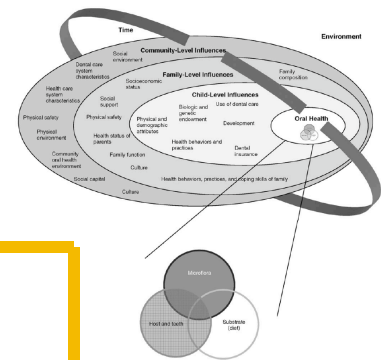
DMFT 1979



DMFT 2009



Determinates of oral health status



Oral Health System

Individual & Family Socioeconomic constraints

Health Beliefs, Values, Attitudes, Knowledge

Oral Health Related Behavior (Lifestyle)

Oral Health Status, Satisfaction & Q of L

Societal & Environmental Characteristics

Clinical Care
Dental Prevention Program
Modern (Traditional) Epidemiology



Oral Health System

Individual & Family Socioeconomic constraints

Health Beliefs, Values, Attitudes, Knowledge

Oral Health Related Behavior (Lifestyle)

Oral Health Status, Satisfaction & Q of L

Societal & Environmental Characteristics

Socio-political

Lifestyle

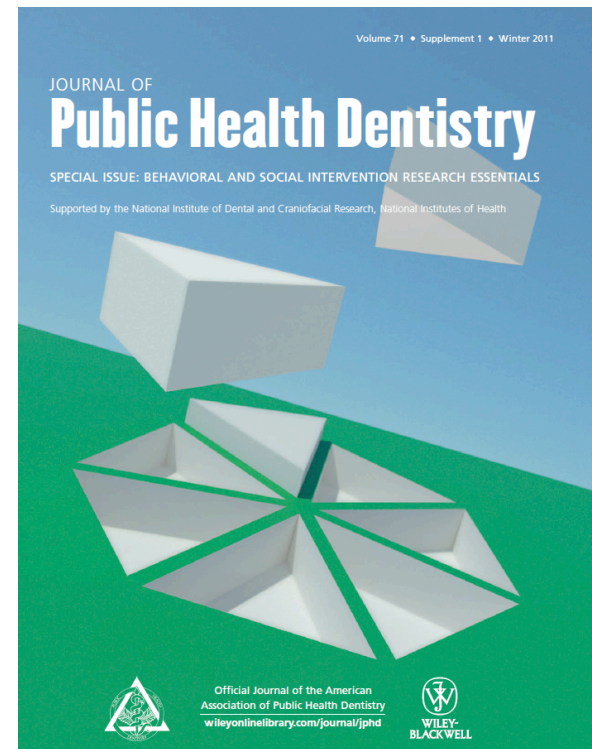
Research Needs: Where are Gaps?

- Understanding Social Level:
 - Mechanisms
 - Cause of Causes



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Research Needs: Where are Gaps?

- Understanding Social Level:

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- Cause of Causes
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- Lifecourse

- Gene by Environment
 - Epigenetics
 - Prenatal
- Critical Periods



Research Needs: Where are Gaps?

- Guidance on how much to reduce inequalities.

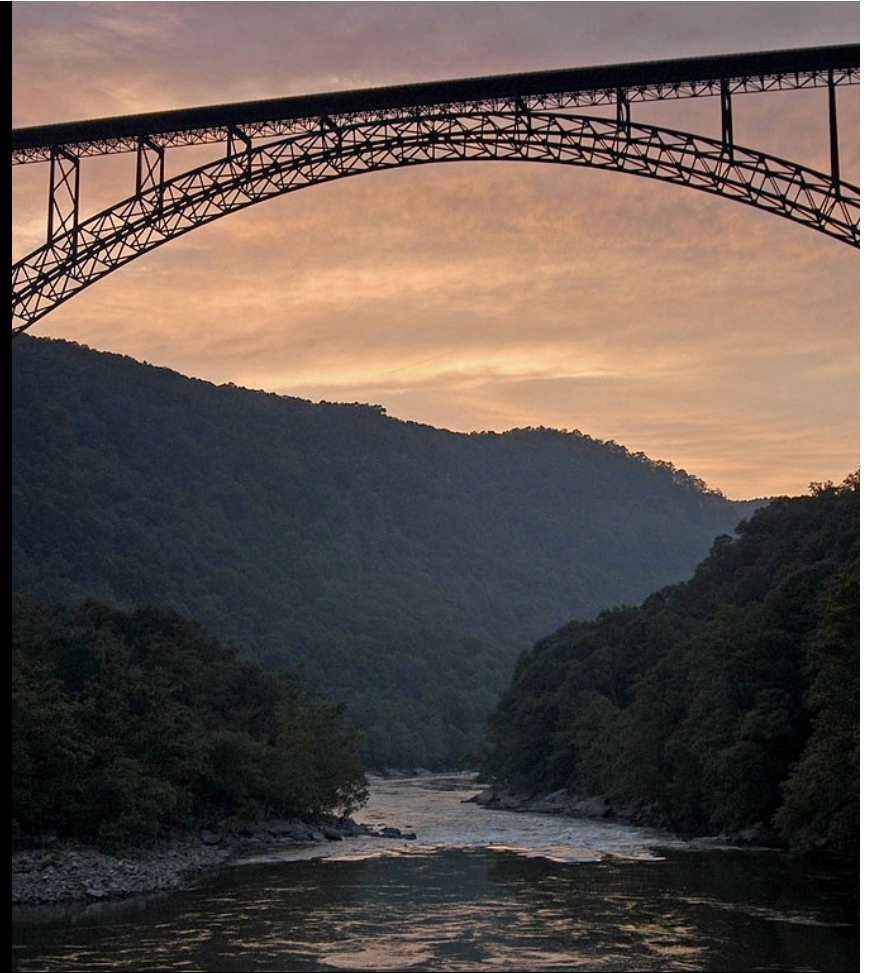


Research Needs: Where are Gaps?

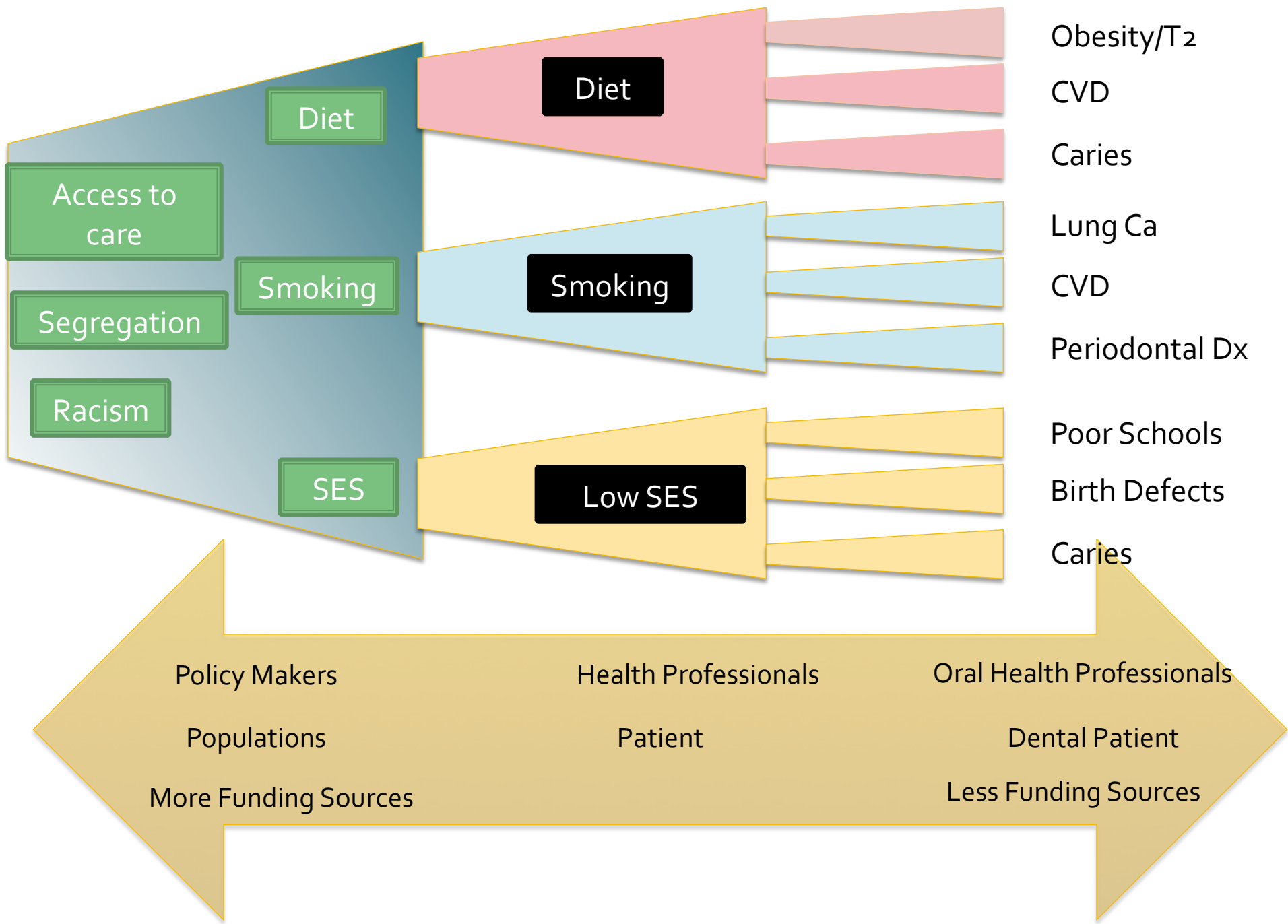
- Guidance on how much to reduce inequalities.
- At what cost

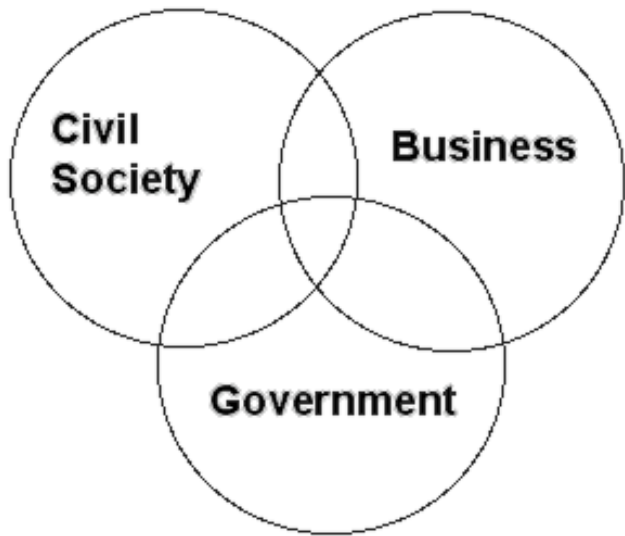


Building Bridges



Intersectoral Approaches: working with other sectors such as government, business, NPO...





Moving upstream...

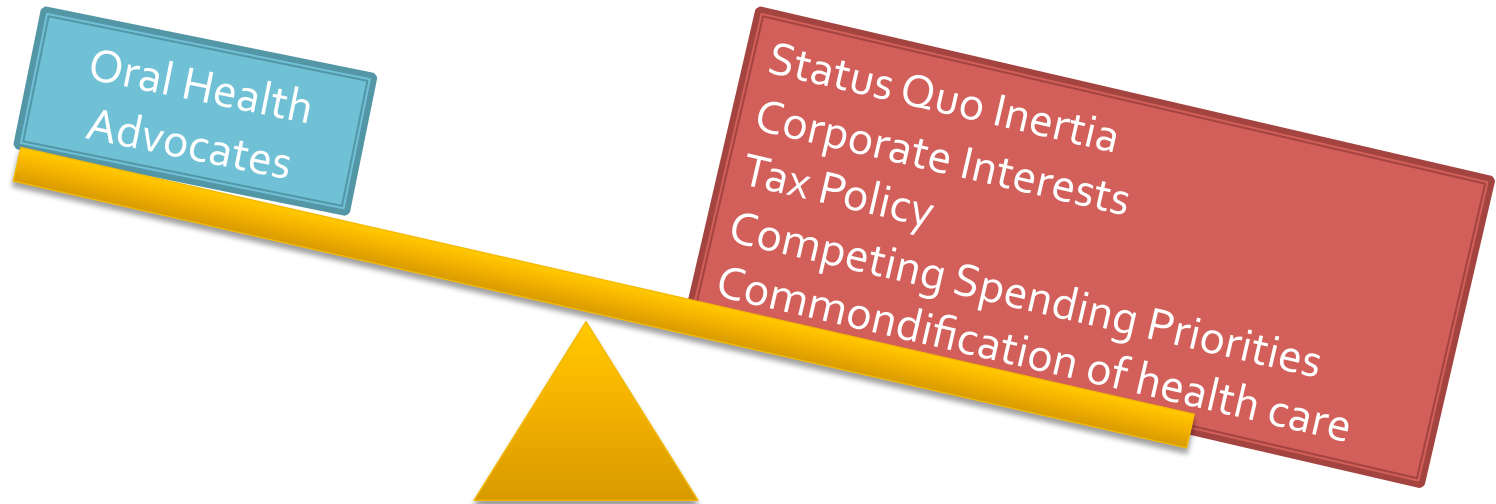
The Gift of New Questions

upstream, we gain new insight and expand opportunities

So we don't keep doing the same thing but expecting a different outcome

Not everyone sees your problem as a “problem”.

Oral Health can seem unimportant



Intersectoral partnerships can help

- New partners
- New methods
- New resources
- New questions



Oral Health Advocates
Other health partners
Schools
Employers
Housing advocates
Efficient use of public funds



Status Quo Inertia
Corporate Interests
Tax Policy
Competing Spending Priorities
Commodification of health care

Obesity, Diabetes, CVD, Caries

We have seen the enemy...and it's BK's Bacon Hot Fudge Sundae

Partners:

- Healthy Food Advocates
- Schools
- Federal Government (USPHS/ Congress)
- NPOs: (Diabetes, CVD, AAPHD)
- Health Focused Businesses

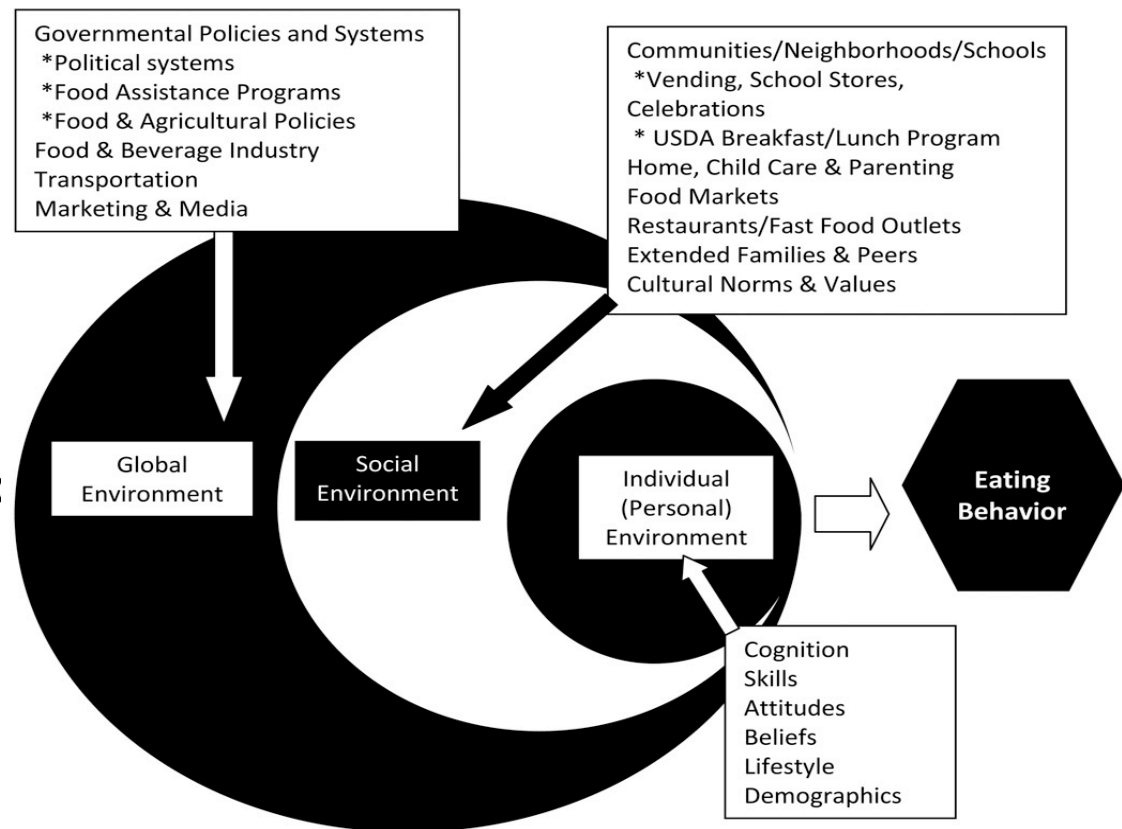


A Symptom

Obesity, Diabetes, CVD, Caries

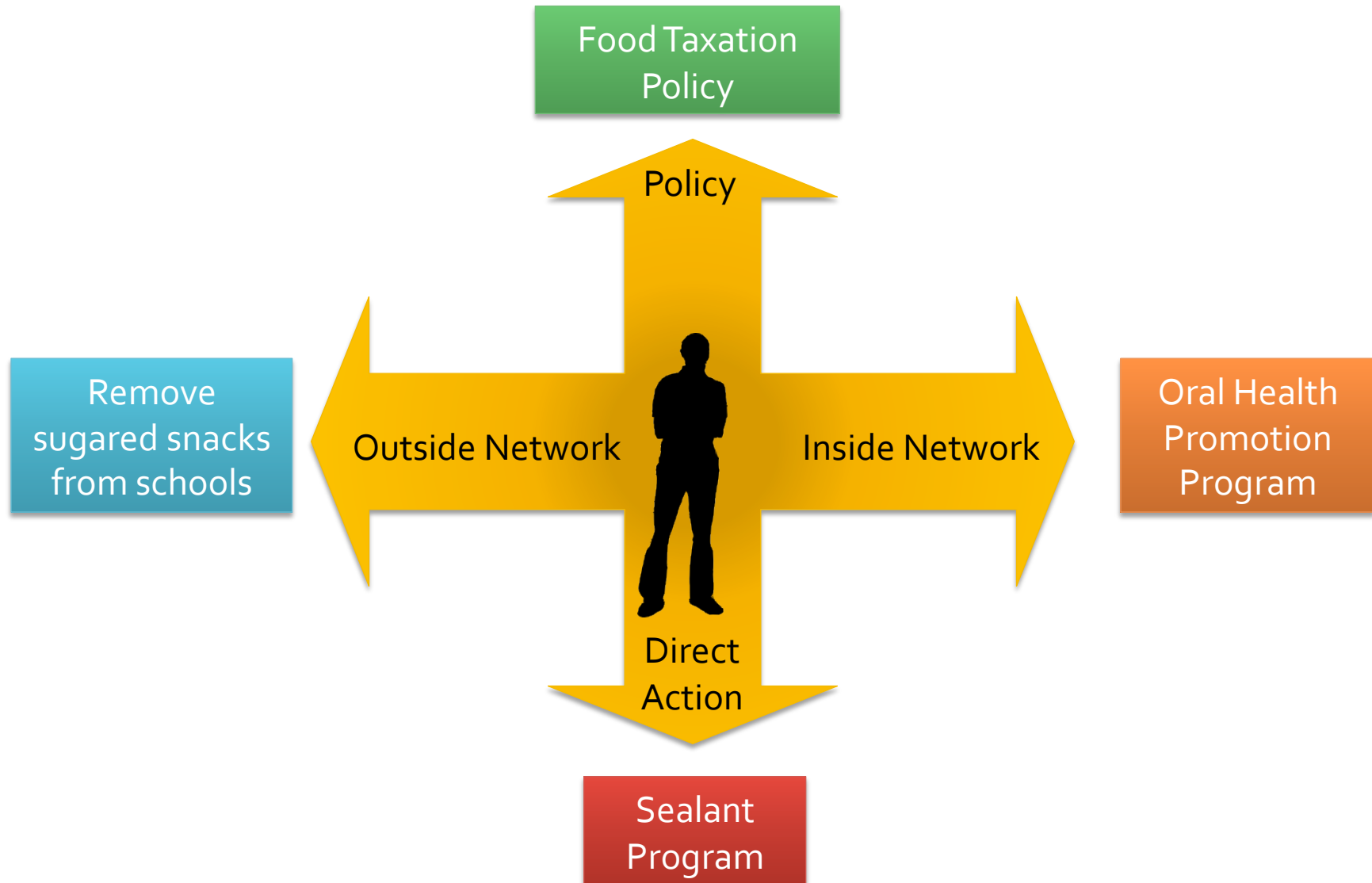
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A Symptom

Working with Intersectoral partners: horizontally and vertically



Intersectoral Approaches

Best Practices and Gaps

Lessons Learned: Context

- How an issue is framed or defined is a key to who comes to the table

Issues to consider

- Framing
 - Who comes to the tables
- Sound Rationale
 - Be strategic
- Planning
 - Lead agency
 - Shared planning
 - Roles and responsibilities
 - Organizational Structure
 - Resources needs
 - Accountability
- How to measure impact
- Time frame and sustainability
- Do not abandon prior mandates

Expected benefits

- Achieve goals can't achieved alone
- Increase the chance that those policy alternatives are chosen which are most likely to result in the highest overall welfare gains
- Help to prevent overall welfare losses because of policies that entail positive welfare effects for individual actors, but disadvantages from an overall point of view,
- Provide legitimacy and acceptance to public policy.

Policy must change

- "You could have protected the wealthy and the well, instead of recognizing that sick people tend to be poorer and that poor people tend to be sicker and that any health care funding plan that is just, equitable, civilized and humane, **MUST** redistribute wealth from the richer to the poorer and the less fortunate. Excellent health care is, by definition, redistributive

The First Law Of Healthcare Improvement

Don Berwick, IHI (Boston)

“Every system is perfectly designed to achieve exactly the results it gets”

If your results are consistent, but unsatisfactory, you need to redesign the system...[but first you have to realize you are in a “system”.]

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Thank you



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