The Social Context of Health Behaviors

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The social context of health behaviors

- Effective approaches to improving health behaviors require understanding the factors that shape them.
- A body of evidence supports a powerful role for upstream social determinants of health behaviors, but knowledge is needed of pathways & mechanisms & how to intervene most effectively & efficiently.
  - Social determinants: Circumstances of our lives –apart from medical care-- that plausibly could be shaped by social policies.
  - “Upstream” determinants: underlying/fundamental causes, e.g., income, education, neighborhood conditions.
  - “Social” includes psychosocial, economic, and cultural.
Widening the focus: Behaviors affect health. What shapes health behaviors?

- Economic & Social
  - Opportunities & Resources

- Living & Working Conditions
  - in Homes & Communities

- Medical Care

- Personal Behavior

HEALTH

Robert Wood Johnson Foundation Commission to Build a Healthier America   www.commissiononhealth.org
Adult smoking rates vary by educational level*: more schooling, less smoking

* and by income

NCHS. Health US, 2007
Teens’ sedentary behavior varies by income*: higher income, less sedentary

* and by education

Source: NHIS, 2001-2005   *Age-adjusted
Across racial and ethnic groups, higher income*, more physically active adults

% of adults ages 25+ who are physically active*

- <100% FPL
- 100%-199% FPL
- 200-299% FPL
- 300-399% FPL
- ≥400% FPL

Source: NHIS, 2001-2005   *Age-adjusted

* or education
How could income affect health behaviors?

For example, by influencing:

- Ability to afford healthy diet and recreational options (gym, leisure time)
- Ability to afford living in a healthy neighborhood
- Stress due to inadequate resources to cope with daily challenges, e.g.,
  - Problems with transportation, childcare, job security
  - Food insecurity, trying to maintain nutritious diet on low income
  - Housing insecurity
  - Family conflict/instability due to financial strain
Higher income, fewer major stressors during pregnancy: California MIHA 2002-2006

Stressors: economic hardship, food insecurity, no practical support, no emotional support, separated/divorced during pregnancy, homeless, job loss of spouse/partner, her own involuntary job loss, incarceration of self or partner, a lot of unpaid bills, and domestic violence.
How could a neighborhood affect health behaviors?

- Safe places to exercise
- Access to healthy food
- Exposure to targeted advertising of harmful substances
- Social networks & support
- Norms, role models, peer pressure
- Anxiety, stress, despair
- Quality of schools
- Blacks & Latinos live in different kinds of neighborhoods than similar-income Whites
Education can affect health behaviors by determining knowledge and skills

- Educational attainment
  - Health knowledge
  - Literacy
  - Problem-solving
  - Coping skills

- Diet
- Exercise
- Smoking, drugs, alcohol
- Health/disease management
Pathways from education to behaviors through work and income

Educational attainment

Work

Income

- Neighborhood environment
- Diet & exercise options
  - Stress

HEALTH-RELATED BEHAVIORS

- Health insurance
  - Sick leave
  - Stress
  - Wellness programs

Work-related resources

- Control / demand imbalance
  - Stress

Working conditions
Primarily psychosocial pathways from education to behaviors

Educational attainment → Social standing → Social networks → Control beliefs (powerlessness, sense/locus of control, fatalism, mastery)

- Social & economic resources
- Stress
- Perceived status

- Social & economic resources
- Norms
- Social support
- Stress

- Response to stressors
- Coping

HEALTH-RELATED BEHAVIORS
What produces--& reproduces--social disparities in health behaviors?

**SOCIETY**

**Social Context**

**Policy Context**

**INFLUENCING SOCIAL STRATIFICATION**

1. Social stratification

**INDIVIDUAL**

**Social position**

2. Differential exposure

**Specific exposure**

3. Differential vulnerability

**Behaviors**

4. Differential consequences

**Social & health consequences of behaviors**

5. Further social stratification

Adapted from Finn Diderichsen, U. Copenhagen
Social factors can influence health in many ways, not necessarily through health behaviors.

For example:

- Toxic substances in housing, neighborhoods, and workplaces
- Inadequate resources → stress → ill health through neuroendocrine and sympathetic nervous system (SNS) mechanisms
- Perceived social status may directly affect health through neuroendocrine pathways
- Control at work was a powerful predictor of social class differences in CHD in U.K. study
- Gene-environment interactions
What produces--& reproduces--social disparities in health itself?

1. Social stratification
   - Influencing social stratification

2. Differential exposure
   - Decreasing exposures

3. Differential vulnerability
   - Decreasing vulnerability

4. Differential consequences
   - Behaviors
   - Preventing unequal consequences

5. Further social stratification
   - Social consequences of ill health

Adapted from Finn Diderichsen, U. Copenhagen
Widening the focus: What shapes health behaviors & health itself?

- Policies to promote economic development, reduce poverty, and reduce racial segregation
- Policies to promote child and youth development and education, infancy through college
- Policies to promote healthier homes, neighborhoods, schools and workplaces

Economic & Social Opportunities & Resources

Living & Working Conditions in Homes & Communities

Medical Care

Personal Behavior

HEALTH

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Implications for research

- We need information on important social factors that can produce, exacerbated, and perpetuate adverse behaviors & social disparities in health behaviors
  - Psychosocial, economic, & cultural factors
- Inadequate socioeconomic data are a particularly pervasive & serious obstacle to understanding & addressing health behaviors
  - Unmeasured socioeconomic factors are often attributed to “culture” or genes
  - Race/ethnic group often captures unmeasured SES; may also reflect racism-related chronic stress
We need...

- More adequate consideration of social factors in research & monitoring – even if social determinants are not the focus
  - Better measurement of dimensions, levels, & life stages
  - Better conceptualization: What experiences do income, education, and race/ethnic group represent? Possible pathways and mechanisms?

- Explanatory and intervention research seeking promising avenues to reduce exposures and vulnerability
  - Longitudinal data; expanding methods to reduce bias when RCTs are inappropriate, unfeasible, or unethical
  - Considering the causes of the causes, not just the most proximate determinants