

HBHE 815/16 MODULE #3

Social Determinants of Health: Theoretical and Conceptual Foundations

Shelley Golden, sgolden@email.unc.edu, Office hours by appointment in 364 Rosenau

This module is designed to facilitate student understanding of the ways in which social structures might impact opportunities, lived experiences and choices related to health. Course readings and discussions will cover: 1) mechanisms of social stratification; 2) influence of stratification on distribution of resources, exposure to stressors, and expectations for beliefs and behavior; and 3) aspects of the social environment currently under exploration in public health and health behavior research and practice, including physical and social spaces, socioeconomic distributions, and social identity/experiences of discrimination.

Participation and Preparation (35% of module grade)

The primary function of class time is to discuss the readings, and their application to the HBHE field, in depth. In advance of class, the instructor will provide a set of comprehension and discussion questions related to the readings that students can use as guides during the preparation for discussion, but students should take an active role in the classroom discussion. Participation grades will be based on three criteria: 1) preparation, 2) quality of comments, and 3) respectful and productive engagement with other students. In addition to completing the readings in advance, arriving at class on time, and being attentive to discussion throughout the class period, you should aim to a) apply course readings to relevant discussion points, b) compare and contrast ideas from different authors, c) draw on readings from earlier in the module (or previous modules), d) offer evidence or theory-based critiques of the claims made by authors, and/or e) build on the comments of your classmates. Attention to the group dynamic, including being sure to offer your perspective without over-dominating conversation, is also important.

Discussion Leading (15% of module grade)

Although the instructor will provide a brief introduction to the material at the start of the class, provide clarifications about course material, and ensure that key points are covered in the discussion, the primary discussion will be facilitated by students. Each week 2-3 students will create a class plan that guides discussion and interpretation of the readings. Each class should include a variety of discussion techniques (e.g. large group discussion, small group discussion, application activity, individual reflection). Students should plan a timetable for discussion that incorporates 5-10 minutes for instructor introduction of the material, a 15 minute break toward the middle of class time and 10 minutes for instructor wrap-up.

Social Determinants Paper (35% of module grade)

Using a health behavior or outcome of your choice, write a 3-5 page (single spaced) paper in which you:

- Introduce the **health behavior or outcome**, and provide evidence for a **disparity** in that behavior or outcome along a single dimension of social status (e.g., gender, income, education, neighborhood, race etc.) **within a specified population** (e.g., women in Pakistan, North Carolinians, young adults etc.). So you might be interested in gender disparities in smoking among high school students, or racial differences in cervical cancer screening among women, etc.
- Propose a conceptual model that would explain the identified disparity within the population of interest. To do this you likely need to:

- Define and describe 1-2 potential social determinants of the health behavior/outcome and/or disparities in it within your population
- Describe how and why those determinants might be related to the behavior/outcome, and how/why those determinants predict/explain observed disparities. Rely on theoretical concepts from the course or other readings, as well as empirical evidence, as possible.
- Draw your conceptual framework (using boxes and arrows) that connects your determinants and behaviors/outcomes, as well as any key mechanisms/pathways you describe. Be sure to include the disparity dimension in the model, as either a precursor to a social determinant, a mediating factor or a moderator. (Note: it's ok to do this first if that makes more sense to you.)
- Identify 1-2 research questions that would be helpful to further explore or test the model you've developed.

Peer feedback on paper (15% of module grade)

Because peer feedback (giving and receiving) is a necessary and useful skill in academia, you will exchange your paper with another student for feedback, and provide a response with constructive criticism (target length \leq 1 single spaced page). During the final class, we will dedicate ~30 minutes for pairs to meet and share feedback. In your feedback, I suggest you do the following:

- Start with a few sentences that summarize the paper (or what you, as the reader, think the paper is about).
- Comment on the things the author did particularly well. This can be pretty brief, and can focus on both the ideas/approach of the paper and writing style.
- Note things you do not understand or that were confusing, present suggestions for what could be done differently, and/or pose questions for the author to consider. As possible and appropriate, indicate why you are making the suggestions you are. Remember to keep the tone constructive and respectful. This section can be in bullet form if you prefer.

Papers will be assessed based on 1) clear description of a health issue and disparity; 2) clarity of the conceptual model; 3) quality of logical argument in support of conceptual model; 4) relevance and importance of the identified research questions; and 3) general writing clarity and style. Peer feedback will be assessed based on the quality and clarity of the constructive comments.

Due dates:

- Email the health behavior, population and disparity to me by **Friday, January 29**. Though not required, you're welcome to send me your initial thoughts about the social determinants of interest or the conceptual model.
- Email the completed paper to your peer feedback partner(s) before 5:00 p.m. on **Monday, February 15**.
- Send an electronic copy of the peer review paragraph to your reviewee and the teaching assistant before class on **Wednesday, February 17**. Be sure to indicate both your name and the original author's name on each paragraph.
- Upload your final paper into Sakai by 5:00 p.m. on **Friday, February 19**.

<p>January 13, 2015: Background and General Theories of the Social Determinants of Health</p>
--

Objectives for the class: 1) Define social determinants of health; 2) Explore tensions among individual, social and intersectional perceptions of health; 3) Understand two overarching theories focused on social determinants of health.

- Minkler M. (1999). Personal responsibility for health? A review of the arguments and evidence at century's end. *Health Education & Behavior*. 26(1): 121-140.
- Braveman P, Egerter S & Williams DR. (2011). The social determinants of health: Coming of age. *Annual Review of Public Health*. 32: 381-398.
- Bauer GR. (2014). Incorporating intersectionality theory into population health research methodology: Challenges and the potential to advance health equity. *Social Science & Medicine*. 110:10-17.
- Phelan JC & Link BG. (2013). Fundamental cause theory. In Cockerham, W.C. (ed). Medical Sociology on the Move. New York: Springer Publishing. Pp. 105-125.
- Cockerham W.C. (2013). Bourdieu and an update on health lifestyle theory. New York: Springer Publishing. In Cockerham, W.C. (ed). Medical Sociology on the Move. Pp. 127-154.

Optional:

- Marmot M, et al. (2008). Closing the gap in a generation: health equity through action on the social determinants of health. *The Lancet*. 372: 1661-1669.

January 20, 2015: Stratification and its Tools

Objectives for the class: 1) Describe processes of social categorization and stratification; 2) Describe potential mechanisms through which social stratification could influence health.

- Solar O, Irwin A. (2010). A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion Paper 2 (Policy and Practice). **Executive summary (p 4-8) is required**, but I have provided the whole document as optional reading.
- Massey DS. (2007). How stratification works (Chapter 1). In *Categorically Unequal: The American Stratification System*. New York: Russell Sage Foundation. Pp. 1-27. (Chapter 2 is also included – this is optional).
- Gee GC, Walsemann KM & Brondolo E. (2012). A life course perspective on how racism may be related to health inequities. *American Journal of Public Health*. 102(5): 967-974. [Note: this article focuses on racism, but please consider various dimensions of social categorization when you read it.]
- Overbeck J. (2010). Concepts and historical perspectives on power. In Guinote A & Vescio TK. (Eds.) *The Social Psychology of Power*. New York: The Guilford Press. Pp. 19-45.
- Bourdieu P. (1986). The forms of capital. In Biggart NW. (Ed.) (2002). *Readings in Economic Sociology*. Malden, MA: Blackwell Publishers Inc. Pp. 280-291.
- Wexler LM, DiFluvio G & Burke TK. (2009). Resilience and marginalized youth: Making a case for personal and collective meaning-making as part of resilience research in public health. *Social Science & Medicine*. 69:564-570.

Optional:

- Pearlin LI, Scieman S, Fazio EM & Meersma SC. (2005). Stress, health and the life course: Some conceptual perspectives. *Journal of Health and Social Behavior*. 46:205-219. [**Note:** I believe

Wizdom assigns this in her module, which is the only reason it is not required here. If you do not read it in module 4, I recommend this for people interested in stress mechanisms.]

- Neckerman KM & Torche F. (2007). Inequality: Causes and consequences. *Annual Review of Sociology*. 33:335–57.
- Massey DS. (2007). The Rise and Fall of Egalitarian Capitalism. (Chapter 2). In *Categorically Unequal: The American Stratification System*. New York: Russell Sage Foundation. Pp. 28-50.

January 27, 2014: Social class

Objectives for the class: 1) Identify multiple dimensions of socioeconomic status; 2) Identify potential causal pathways explaining correlations between socioeconomic status and health

- Braveman PA, et al. (2005). Socioeconomic status in health research: One size does not fit all. *Jama*. 294(22):2879-2888.
- Pampel FC, Krueger PM & Denney JT. (2010). Socioeconomic disparities in health behaviors. *Annual Review of Sociology*, 36: 349-370.
- Jin L & Tam T. (2015). Investigating the effects of temporal and interpersonal relative deprivation on health in China. *Social Science & Medicine*. 143: 26-35.
- Cutler DM & Lleras-Muney A. (2010). Understanding differences in health behaviors by education. *Journal of Health Economics*. 29:1-28.
- Clougherty JE, Souza K & Cullen MR. (2010). Work and its role in shaping the social gradient in health. *Annals of the New York Academy of Sciences*, 1186: 102–124.
- Sweet E. (2010). ‘If your shoes are raggedy you get talked about’: Symbolic and material dimensions of adolescent social status and health. *Social Science & Medicine*. 70(2): 2029-2035.

Optional:

- Chen E & Miller GE. (2012). Socioeconomic status and health: Mediating and moderating factors. *Annual Review of Clinical Psychology*. 9:7230749.
- Kreiger N, Williams DR & Moss NE. (1997). Measuring social class in US public health research: Concepts, methodologies, and guidelines. *Annual Reviews of Public Health*. 18: 341–78.
- Eibner C & Evans W. (2005). Relative deprivation, poor health habits and mortality. *The Journal of Human Resources*. 40(3): 591-620.

February 3, 2014: Constructions of Identity

Objectives for the class: 1) Consider definitions and measures of non-economic measures of social status, including race, gender and sexual orientation; 2) Explore processes of resource distribution, stigmatization and role assumption that may result in identity-based disparities in health and behavior.

- Kawachi I, Daniels N & Robinson DE. (2005). Health disparities by race and class: why both matter. *Health Affairs*. 24(2): 343-352.
- Hatzenbuehler ML, Phelan JC & Link BG. (2013). Stigma as a fundamental cause of population health inequalities. *American Journal of Public Health*. 103: 813-21.

- Meyer IH, Schwartz S & Frost DM. (2008). Social patterning of stress and coping: Does disadvantaged social statuses confer more stress and fewer coping resources? *Social Science & Medicine*. 67: 368-379.
- Courtenay WH. (2000). Constructions of masculinity and their influence on men's well-being: a theory of gender and health. *Social Science & Medicine*. 50: 1385-1401.
- Factor R, Kawachi I & Williams DR. (2011). Understanding high risk behavior among non-dominant minorities: A social resistance framework. *Social Science & Medicine*. 73(9): 1292-1301.
- We should all be feminists. TED talk by Chimamnda Ngozi Adichie. Available at https://www.youtube.com/watch?v=hg3umXU_qWc

Optional (Note: many of the below provide applications of the ideas in the required reading, so I strongly recommend you read applications of those theories that most interest you):

- Pachankis JE, Hatzenbuehler ML & Starks TJ. (2014). The influence of structural stigma and rejection sensitivity on young sexual minority men's daily tobacco and alcohol use. *Social Science & Medicine*. 103:67-75.
- Otiniano Verissimo AD, Grella CE., Amara H & Gee GC. (2014). Discrimination and substance use disorders among Latinos: The role of gender, nativity, and ethnicity. *American Journal of Public Health*. 104(8): 1421-1428.
- Mackenzie CR. (2014). 'It is hard for mums to put themselves first': How mothers diagnosed with breast cancer manage the sociological boundaries between paid work, family and caring for the self. *Social Science & Medicine*. 117:96-106.
- Griffith DM, Gunter K & Allen JO. (2011). Male gender role strain as a barrier to African American men's physical activity. *Health Education & Behavior*. 38(5):482-491.
- Factor R, Williams DR & Kawachi I. (2013). Social resistance framework for understanding high risk behavior among nondominant minorities: Preliminary evidence. *American Journal of Public Health*. 103:2245-2251.
- Williams LD. (2014). Understanding the relationships among HIV/AIDS-related stigma, health service utilization, and HIV prevalence and incidence in Sub-Saharan Africa: A Multi-level theoretical perspective. *American Journal of Community Psychology*. 53: 146-158.
- Pascoe EA & Richman LS. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin*. 135(4): 531-554.

February 10, 2014: Place and social space

Objectives for the class: 1) Identify key physical and social components of place with importance for health and health behavior; 2) Consider appropriate aggregation of space as meaningful place.

- Diez Roux A & Mair C. (2010). Neighborhoods and health. *Annals of the New York Academy of Sciences*, 1186: 125-145.
- Bernard P. et al. (2007). Health inequalities and place: a theoretical conceptualization of neighborhood. *Social Science & Medicine*. 65: 1839-1852.
- Aiyer SM, Zimmerman MA, Morrel-Samuels S & Reischl TM. (2015). From broken windows to busy streets: A community empowerment perspective. *Health Education & Behavior*. 42(2): 137-147.
- Yamanis TJ et al. (2010). Social venues that protect against and promote HIV risk for young men in Dar es Salaam, Tanzania. *Social Science & Medicine*. 71: 1601-1609.

- Leslie HH, et al. (2015). Collective efficacy, alcohol outlet density, and young men's alcohol use in rural South Africa. *Health & Place*. 34: 190-198.

Optional:

- Campbell T & Campbell A. (2007). Emerging disease burdens and the poor in cities of the developing world. *Journal of Urban Health*. 84(1): i54-i64.
- Morland K, Wing S, Diez Roux A & Poole C. (2002). Neighborhood characteristics associated with the location of food stores and food service places. *American Journal of Preventive Medicine*. 22(1): 23-29.
- Sabatini F. (2009). Social capital as social networks: a new framework for measurement and an empirical analysis of its determinants and consequences. *Journal of Socio-Economics*. 38(3): 429-442.

February 17, 2014: Modifications to Social Structures to Enhance Health
--

Objectives for the class: 1) Identify strategies for addressing social determinants of health; 2) Consider practical strength and limitations of such strategies; 3) Be exposed to terms from political science theory related to policy development and implementation.

- Wallerstein NB, Yen IH & Syme SL. (2011). Integration of Social Epidemiology and Community-Engaged Interventions to Improve Health Equity. *American Journal of Public Health*. 101(5): 822-830.
- Embrett MG & Randall GE. (2014). Social determinants of health and health equity policy research: Exploring the use, misuse, and nonuse of policy analysis theory. *Social Science & Medicine*. 108:147-155.
- Robert SA & Booske BC. (2011). US opinions on health determinants and social policy as health policy. *American Journal of Public Health*. 101(9): 1655-1663.
- Campbell C & Cornish F. (2012). How can community health programmes build enabling environments for transformative communication? Experiences from India and South Africa. *AIDS and Behavior*. 16(4): 847-857.
- Banerjee A, et al. (2015). A multifaceted program causes lasting progress for the very poor: Evidence from six countries. *Science*. 348(6236): 1260799(p. 1-16).
- Ludwig J et al. (2012). Neighborhood effects on low-income families: Evidence from Moving to Opportunity. *American Economic Review*. 103(3):226-331.

Optional:

- Golden SD et al. (2015). Upending the social ecological model to guide health promotion efforts toward policy and environmental change. *Health Education & Behavior*. 42(1S): 8S-14S.
- Robert Wood Johnson Foundation. *A new way to talk about the social determinants of health*. Available at: <http://www.rwjf.org/en/research-publications/find-rwjf-research/2010/01/a-new-way-to-talk-about-the-social-determinants-of-health.html>