

Frequently Asked Questions About the Social Determinants of Health

Q: Why is the Robert Wood Johnson Foundation undertaking this research on Social Determinants of Health? Specifically, why are they using private sector partners and techniques, including personal consumer models, to conduct this research?

A: RWJF's Vulnerable Populations' programs and projects are united in that they each worked within the context of the social determinants of health. And while social determinants were well established in academic circles and have been the subject of considerable study, we quickly discovered that the concept didn't work on the ground. Our grantees—most of whom were dealing with real challenges at the community level, didn't necessarily resonate with this frame. And as unsuccessful as the concept was for existing grantees, it made even less sense to organizations that approached the team for funding who hadn't worked with us before.

A consistent challenge has been how to best communicate the relationship between social factors such as poverty, housing and education and our health. This is further complicated by the fact that those most impacted by these factors include groups who are marginalized by society (such as the poor, elderly, minorities) and are too easily seen as bad or “the other” and undeserving of support.

Q: Specifically, why are they using private sector partners and techniques, including personal consumer models, to conduct this research?

A: Every culture, whether defined by a country, ethnic group, industry or field, develops its own ways of seeing the world and talking about it. “Insider” language and terminology is critical, if you're an insider. In most cases, people on the inside recognize the limitation of too much inside talk or jargon when communicating with people outside of their group. In the last several years, we have seen a rise in academics and political consultants who have taken various approaches to taking complex political issues and policies and explaining them to the public and key stakeholders in more plainspoken language. Whether conservative (Frank Luntz's *Words the Work: It's Not What You Say, It's What They Hear*), liberal (George Lakoff's *Think Like an Elephant*) or progressive (Drew Westen's *The Political Brain*), the approaches all recognize certain universal truths about how our minds receive and interpret information.

Regardless of your political leanings and your respect or alternatively distaste for this approach to messaging, it's hard to argue with its effectiveness. It is grounded in a firm understanding of how people think and process what they hear. As a result, we are seeing an increase in the applications of these message development and research methods across a whole host of issues in an effort to more clearly communicate both the problems facing our country and our approach to addressing them.

To the extent that among the responsibilities of our field, in general and to us as individuals, is to present and frame health information for the public and policy-makers, we need to recognize that it isn't sufficient to just be an authoritative voice about why our work should

matter to them. We need to also find the most effective way to communicate this information. And that starts not with talking in our language but in theirs.

Q: With so many pressing health care issues, and health reform at the top of the national debate, why are we focused on the link between social factors and health?

A: All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background. We recognize that it is important to stop thinking about health solely as something we get in the doctor's office but instead as something that starts in our families, in our schools and workplaces, in our playgrounds and parks, and in the air we breathe and the water we drink. As we work on improving health care in America, we need to start where health starts, not where it ends. Only an estimated 10 to 15 percent of health care takes place in the medical care setting. We believe that it is important for the American public to understand and act on this information. Based on where they live and their racial or ethnic group, some Americans can expect to die as much as 20 years earlier than others living just a few miles away who have the resources and the opportunities to be healthy.

Q: What are some of the social factors that influence health?

A: The social factors that influence health include race, poverty, education, violence, poor housing and inadequate or lack of transportation. Education has a tremendous impact on one's health. According to data from the Commission to Build a Healthier America, supported by the Robert Wood Johnson Foundation, there are three major interrelated pathways through which educational attainment is linked with health: health knowledge and behaviors; employment and income; and social and psychological factors, including a sense of control, social standing and social support. College graduates can expect to live at least five years longer than individuals who have not finished high school (www.commissiononhealth.org). Children whose parents have not finished high school are more than six times as likely to be in poor or fair health as children of college graduates. Poverty also influences health. On average, poor adults can expect to die over six years earlier than adults with upper middle-class incomes. Poor education can lead to a low-paying job and living in unsafe neighborhoods with low-quality housing, few places to exercise and limited access to healthy food.

Q: What do you mean when you say that health starts before we need medical care?

A: Good or poor health doesn't occur in a vacuum. Along the journey are obstacles and opportunities to better health. Health is shaped by many factors, including education and family income and the resources and opportunities they provide, like access to nutritious food and adequate housing. In academic terms, we call these factors "social determinants of health." In plain English, we say that the road to health starts long before illness, in our homes, schools and jobs.

Q: Don't people have some responsibility for their own health?

A: No government or private program can take the place of people making healthy choices for themselves or their families. But many people live and work in circumstances where

healthy choices are not available. While each of us must make a commitment to our own health, as a society we need to look at the opportunities for those who want to choose healthful behaviors, but face the greatest obstacles. Individual and families must be empowered with the tools that allow them to make better choices. Stable housing connected with the right kinds of services offers an opportunity to improve health where none existed before. Where you are born shouldn't take years off of your life, but a child born into a working class family is likely to live five fewer years than a child born into a wealthy family. The road to a healthier nation requires us to understand that this is about everyone: rich and poor, minority and majority, rural and urban. And about preventing illness and injury before it starts, especially if we want to be able to afford health care reform, if we want businesses that can compete globally and want our communities to be healthy places to raise a family. We cannot improve our health as a nation if we continue to leave so many families and neighborhoods so far behind. All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.

Despite spending more on medical care than any other nation, Americans are sicker than they should be and are dying far too young. On a per capita basis, the United States spends far more on health care than any other country. Yet, the United States ranks below many countries on key health indicators such as infant mortality and life expectancy. Our health standing in the world keeps slipping. For example, on infant mortality, the United States dropped from 18th in 1980 to 25th in 2002, ranking below Korea, the Czech Republic and Greece. On life expectancy measures, the United States slipped from 14th in 1980 to 23rd in 2004.

Q: What do we need to do to change our focus?

A: We need to support solutions that recognize that health begins at home in our families, with a loving relationship between parents and their children, where kids can expect to be safe, nurtured and protected. Health begins with healthy communities, with safe streets, freedom from violence and with parks where kids can play. Health begins with a good education, where children learn not only how to read, write and prepare for a fulfilling, prosperous life, but how to treat each other with dignity and respect. And health begins with safe jobs and a fair wage, where people derive a sense of personal satisfaction from their work and connection to their co-workers. No institution alone can restore a healthy America that nurtures families and communities. That will require leadership, and a partnership of business, government, and civic and religious institutions. We can't eradicate illness, but we can foster health.

Q: How does RWJF plan to advance this new level of knowledge in the future?

A: The Vulnerable Populations Portfolio has already been incorporating this research and knowledge into our messaging, framing and communications strategy. So far, the response has been a positive one. As we receive feedback from our grantees, their agencies, and you in the field, we will continue to hone our communications so it will engage and resonate with the broadest audience. We will also tailor these communications to the appropriate audiences and stakeholders. Ultimately, our hope is that this more colloquial way of talking about “social determinants of health” will be infused into the language used by key influencers in

the media, in policy, as well as in the field. Only then will we begin to change the mindset and behaviors of those who have the greatest impact on the health and healthcare of the vulnerable in America.

Q: We often talk about "family" as a social determinant of health. Can you articulate how family context is a social determinant of health and what research exists about this topic?

A: Where we live and who we live with—our families—are the foundation of our daily lives. For most of us, home represents safety, security and shelter, where families come together. But too many Americans live in conditions that compromise health from the moment of birth. Their daily experiences are burdened by untreated mental health problems in their families, recurrent exposure to family violence, and a lack of both physical and emotional support.

How Politicians See Health Disparities

Q: This research was done on the issue of "health differences across populations in the US" and not health care more broadly or "social determinants of health." Does it apply to these areas?

A: The deep themes that we see coming out are in keeping with similar themes we have seen in many other health-related studies. Furthermore, the breakdown between the way Democrats and Republicans talk about the issue of health disparities reflects fundamental frames that we have seen in other political studies. There are unique aspects of this particular issue in these findings, but the themes would carry over into many different discussions related to health.

Q: Do these findings on Washington "insiders" apply to the general population?

A: The frames are probably enunciated more strongly and clearly by individuals who live in the hyper-partisan atmosphere of Washington DC, but the research is based on the belief that this does not differ from the way "average" people who have some type of party affiliation would frame health issues at a deep level. So in short, it might be different in the matter of degree, with Washington insiders having more fixed (and thus harder to change) frames, but not a difference in substance.

Q: Does it really work to treat Democrats and Republicans as distinctly separate groups?

A: This research was conducted on the Hill; in this environment the differences were quite distinct and consistent. There is probably more bleeding and softening as you move into the larger population, but these deep frames can still be instructive.

Q: Has the passage of health care reform changed anything?

A: At this point, we cannot say for sure. People are still digesting HCR and trying to figure out what it means. However, this research deals in very deep, underlying structures of thought and these are known to be very slow to change in major ways. Most likely, nothing has fundamentally changed right now. In the coming years it may be wise to verify that this structure of thought is still the same by conducting a small handful of interviews and comparing them to those conducted for this study. But for now, we believe that the framework presented in these findings is still operating.

Q: Did you use a random sample of "Democrats" and "Republicans" to allow making generalizations about their views re: health disparities? How many participants were in each group?

A: The participants in the study were selected by RWJF to represent a variety of roles that they played in the legislative process. The study was conducted with 38 people total.

Q: In looking at the Democrats' understanding of social determinants, was there any discussion about how the system denied rights to certain populations based on race and the impact of a legacy of oppression, which dictates the 'container' and 'balance'?

A: Race was, absolutely, a major piece of the larger system of factors that kept individuals and entire groups "out" of the larger social system.

*The following two questions were posed to Elizabeth Carger of Olson Saltzman Associates, one of the beginning researchers in this project. Ms. Saltzman's responses do not reflect the positioning of the foundation.

Q: The frames of "System" vs. "Journey" seem to parallel urban vs. rural, does this reflect the Democratic vs. Republican bases?

Elizabeth Carger responds: We have not explicitly studied urban versus rural mindsets so there is a fair bit of conjecture involved, but it does seem likely that there exists overlap between the urban and System metaphors versus the rural and Journey metaphors. Citizens living in urban environments see more of the constellation of social factors contributing to poor levels of health. Those living in rural towns would likely have less exposure to external factors like crime, lack of transportation, language barriers, etc. They might be more prone to see poor health as an outcome of personal choices along a life journey and more sensitive to the concept that resources are limited and you "need to guard what you have." That being said, it is likely that more democratically minded individuals in rural communities would still speak more in the language of System and Container and more conservative city dwellers would use frames of Journey and Resource. These frames arise from a deeply embedded view of the society at large and the role of government and individuals within it. But since the Republican base is more rural and the Democratic base is more urban, the deep metaphors that accompany those political views would also tend to parallel the rural versus urban divide.

Q: Doesn't the word "social", as related to health, have a negative connotation with Conservatives?

Elizabeth Carger responds: Yes. The term “social” does have negative connotations on the Right. We conducted this particular research in 2007, before any of the current debate over health care, so there was less heated discussion of socialized medicine. But outside research conducted by OZA supports the negative frames surrounding the term “social.” It is important to note that “social determinants of health” did not seem to be a term that was frequently used by either side in this research; terms that were more commonly used were “health disparities” and “differing levels of health.”

The Role of Mind, Brain and Emotion in Developing Messages

Q: Why would Republicans compare the healthcare system of a rich industrialized, developed nation to the healthcare systems in developing nations? Why not compare the U.S. healthcare system to that of a comparable nation like the U.K. or Canada?

A: By providing a more extreme example to illustrate how far ahead they believe America is compared to other countries, we can provide a stronger juxtaposition and stronger impact to the statement. It stems from the deeper “Journey” frame mentioned in the Commission research, they *want* to see us as having progressed very far.

*The following three questions were posed to Drew Westen of Westen Strategies, a messaging expert whom the portfolio consulted with during this project. Dr. Westen’s responses do not reflect the positioning of the foundation.

Q: Was gender factored into the research at all; and were there any differences in responses when gender was factored in?

Drew Westen responds: Yes. Messages that lean left tend to be rated more highly by women, but there were remarkably few gender differences on any message.

Q: To what extent does messaging generate action, in addition to idea and emotional change? Also, how does it relate to some action—e.g., voting for a policy or candidate?

Drew Westen responds: The classical definition of an “attitude” in psychology is an idea, an emotion, and a motive to act. The stronger the emotion, the stronger the motivation to act, which is why the research sought, and selected for, messages that generated strong emotional responses. But given the methodology we used, we don’t have an independent measure of motivation to act. Over the long run, these are messages you’d want to repeat and brand.

Q: While using more "neutral language" may appeal to both groups, other than coming to agreement on concept does that lead to the type of dramatic change that is needed to improve conditions?

Drew Westen responds: No, what was most striking was that neutral language appealed to neither group—precisely because it was emotionally neutral and bland. What people on both sides responded to were messages that had value underpinnings from both sides, e.g., “personal responsibility” on the Right and “opportunity” on the Left.