



Research and Health Inequities

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Brazilian National Commission on
Social Determinants of Health

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The background of the slide features a light blue globe. Overlaid on the globe is a white outline map of South America. Three white, four-pointed stars are positioned within the map: one in the northern region, one in the central region, and one in the southern region. The globe and map are centered behind the text.

- Some data about health inequities
- Questions and approaches in research on health inequities
- Brazilian National Commission on Social Determinants of Health

Definitions



- Inequalities: systematic differences in health situation of individuals or population groups
- Inequities: health inequalities that in addition to be systematic and relevant are also avoidable, unjust and unnecessary (Whitehead, 1992)

Social Determinants of Health

(SDH)

- SDH are social, economic, cultural, ethnic/racial, psychological and behavioral factors that have an effect on the occurrence and distribution of health problems and their risk factors in populations
- Factors and mechanisms through which social conditions affect health and that can be modified by informed action (N. Krieger)
- Social conditions in which people live and work (CSDH)
- Social characteristics within which living takes place (Tarlov, 1996)

Health Determinants

(Dahlgren e Whitehead)





**INEQUALITIES BETWEEN
COUNTRIES**

UNDER 5 MORTALITY RATE PER 1000 LIVE BIRTHS

SIERRA LEONE	316
BOLIVIA	80
KYRGYZSTAN	63
SRI LANKA	20
ICELAND	3

SOURCE: THE WORLD HEALTH REPORT 2004, WHO

% PROBABILITY OF DYING BETWEEN AGES 15 AND 60 (males)

LESOTHO	90.2
RUSSIA	46.9
BOLIVIA	26
SRI LANKA	23.8
COLOMBIA	23.6
PAKISTAN	22.7
SWEDEN	8.3

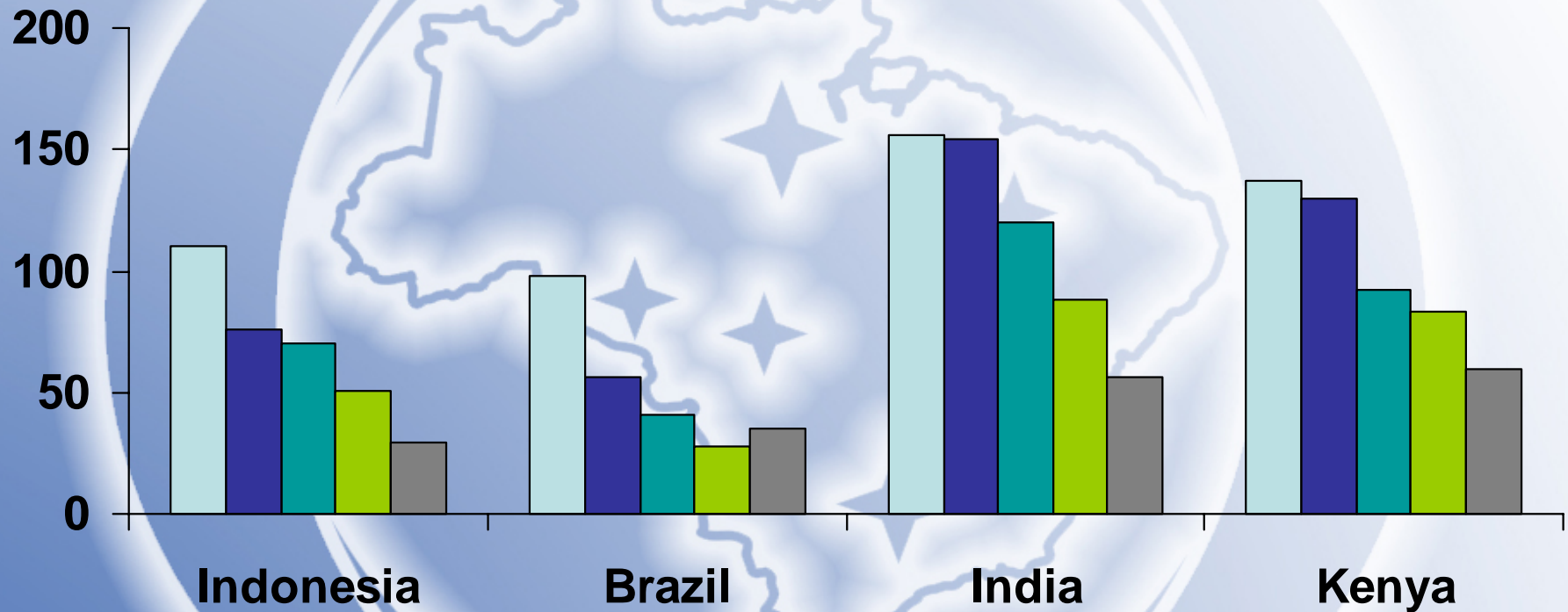
SOURCE: THE WORLD HEALTH REPORT 2004, WHO

The image features a light blue background with a central graphic of a globe. The globe is rendered with a glowing, ethereal effect. Overlaid on the globe is a white outline map of the African continent. Inside the map, there are several small, four-pointed star symbols. The text "INEQUITIES WITHIN COUNTRIES" is written in a bold, black, sans-serif font, centered over the map of Africa.

**INEQUITIES
WITHIN
COUNTRIES**

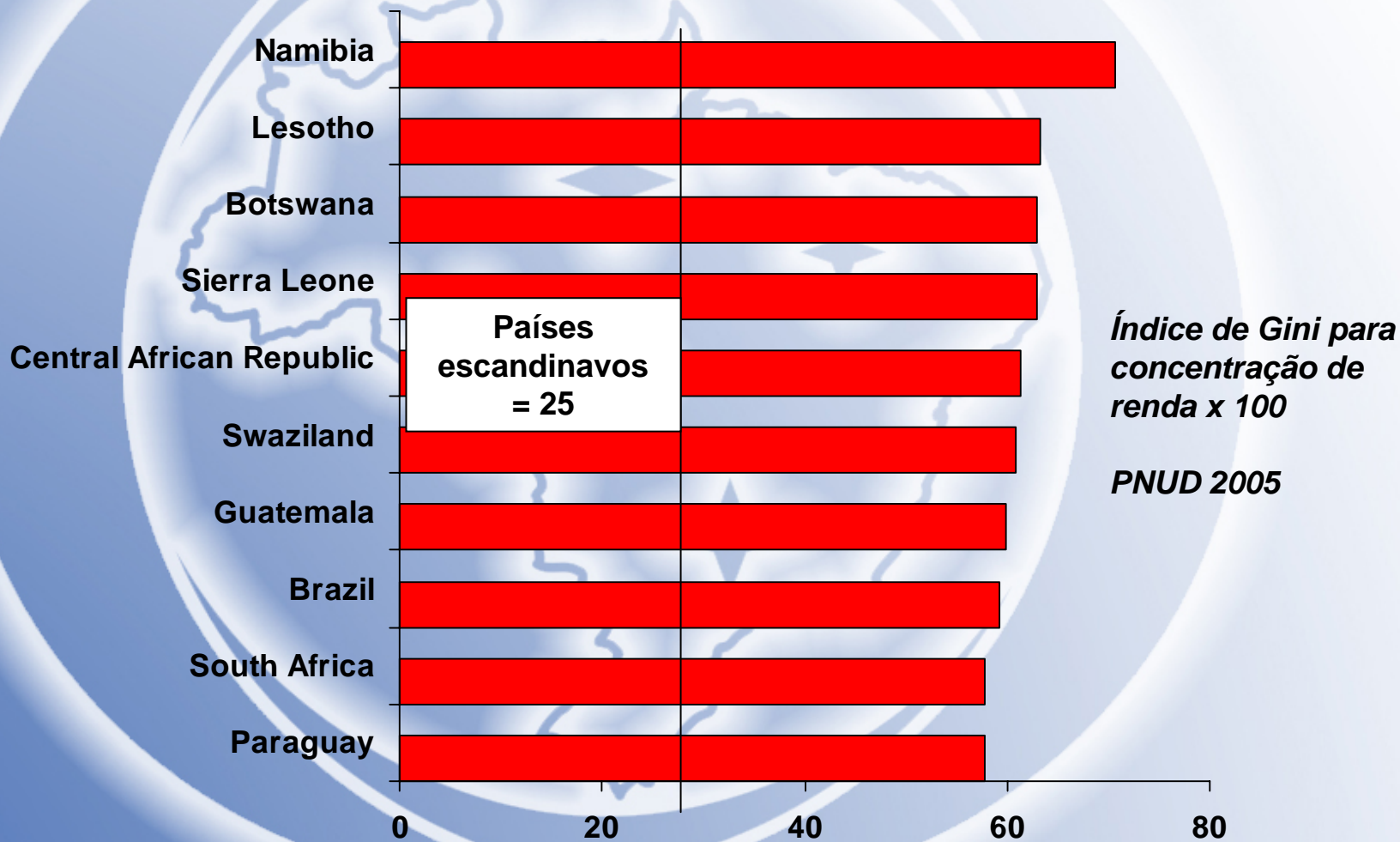
UNDER 5 MORTALITY RATES BY SOCIOECONOMIC QUINTILE OF HOUSEHOLD

Under 5 mortality
per 1000



Legend:
Poorest fifth 2nd poorest fifth Middle fifth
2nd richest fifth Richest fifth

Ten countries with the biggest income inequalities



Health Inequities and Income

Taxa de mortalidade infantil segundo a renda familiar (2000)

20% mais ricos	15,8
20% mais pobres	34,9
Brasil	30,1

Fonte: IBGE, cruzamento feito por Celso Simões a partir de dados do Censo 2000.

Health Inequities and Region

Taxas de mortalidade neonatal (até 27 dias) e pós-neonatal (de 28 a 364 dias) por região (2002)

	Neonatal	Pós-neonatal
Brasil	18,2	9,6
Centro-Oeste	14,0	6,5
Nordeste	24,6	16,9
Norte	17,5	10,2
Sudeste	14,0	6,1
Sul	11,8	6,1

Fonte: IBGE, Síntese de Indicadores Sociais 2003.

Health Inequities and Race

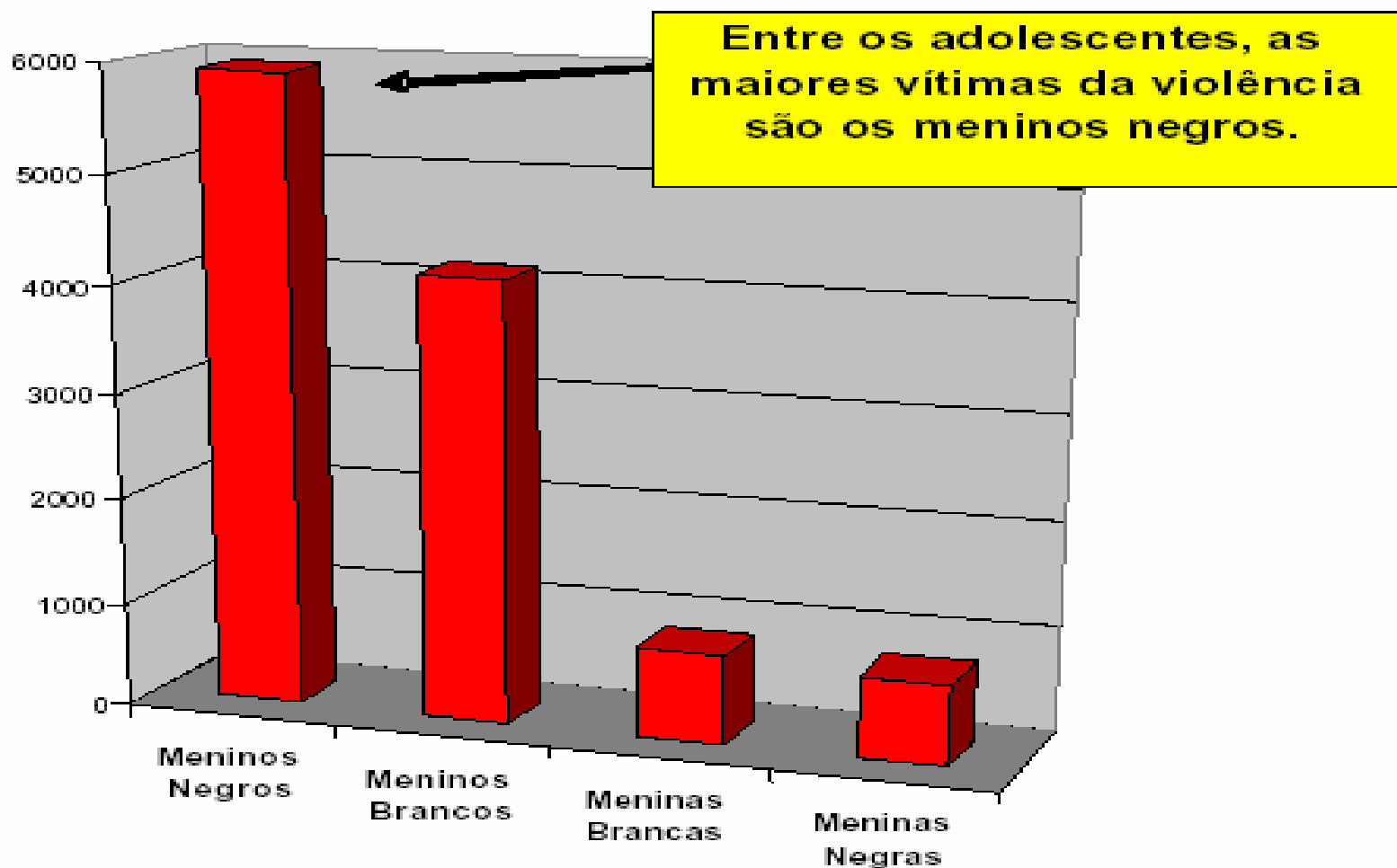
Taxa de mortalidade infantil segundo raça/cor da mãe (2000)

Branca	22,9
Negra	38,0
Índia	94,0
Brasil	30,1

Fontes: Programa das Nações Unidas para o Desenvolvimento (Pnud-Brasil), Atlas Racial Brasileiro 2004 e Funasa.

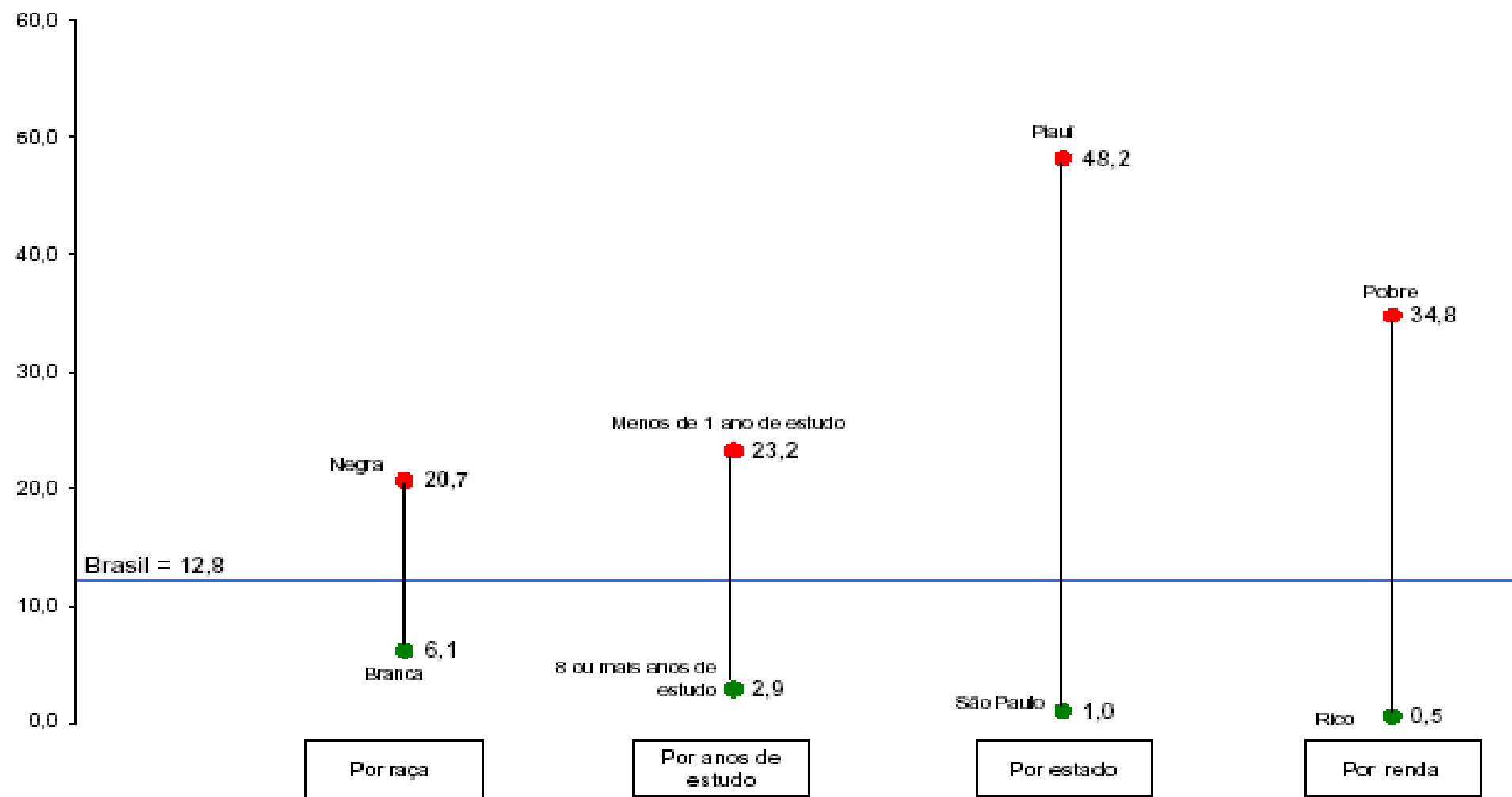
Deaths by homicide, suicide and traffic accidents in adolescents by race and sex (Brazil, 2002)

Número de óbitos na faixa etária de 12 a 19 anos, por homicídio, suicídio ou acidente de trânsito, por raça/cor e sexo, Brasil, 2002



Percentaje of population without access to clean water at home

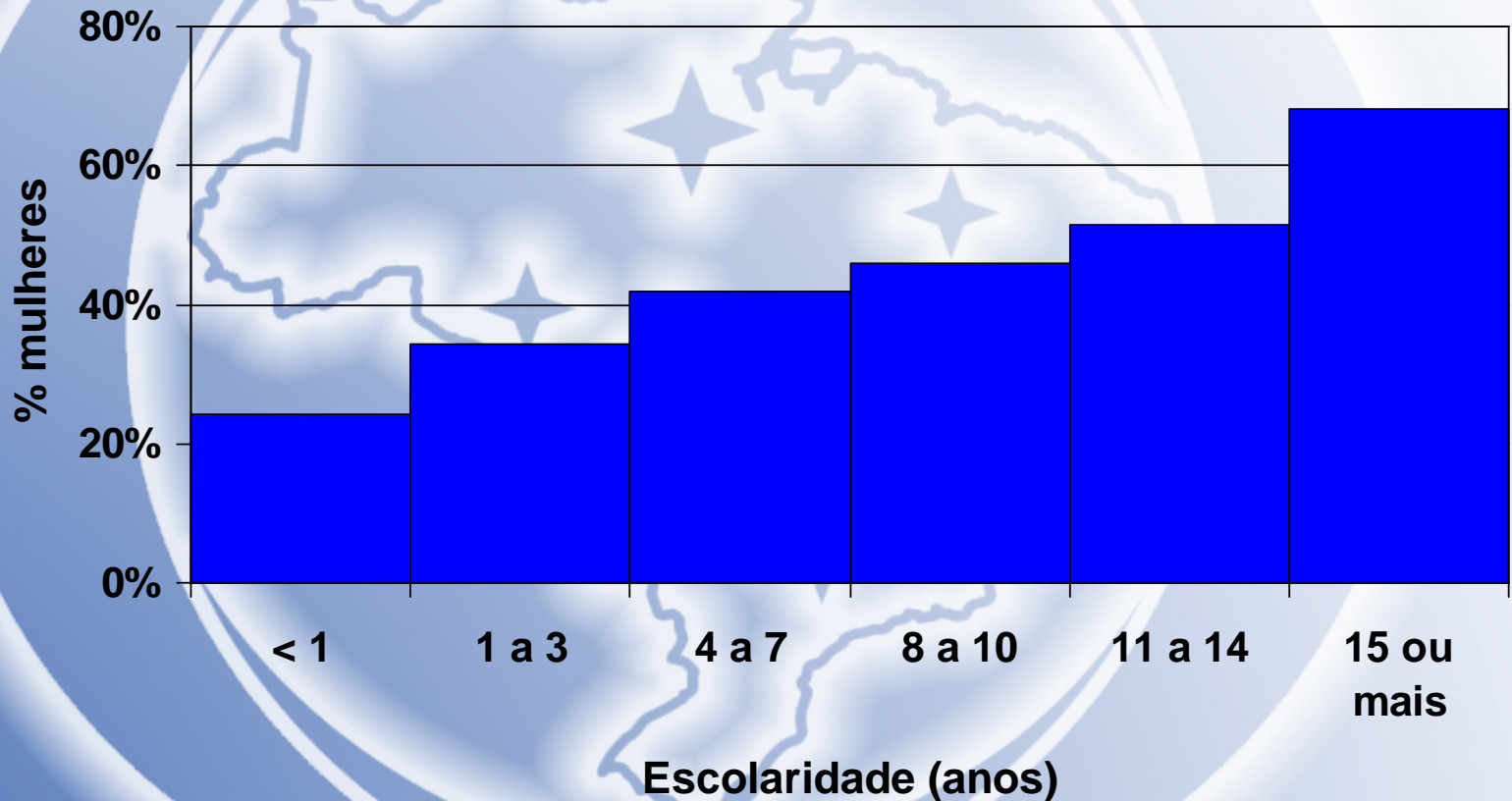
Percentual da população sem acesso a água potável, 2002



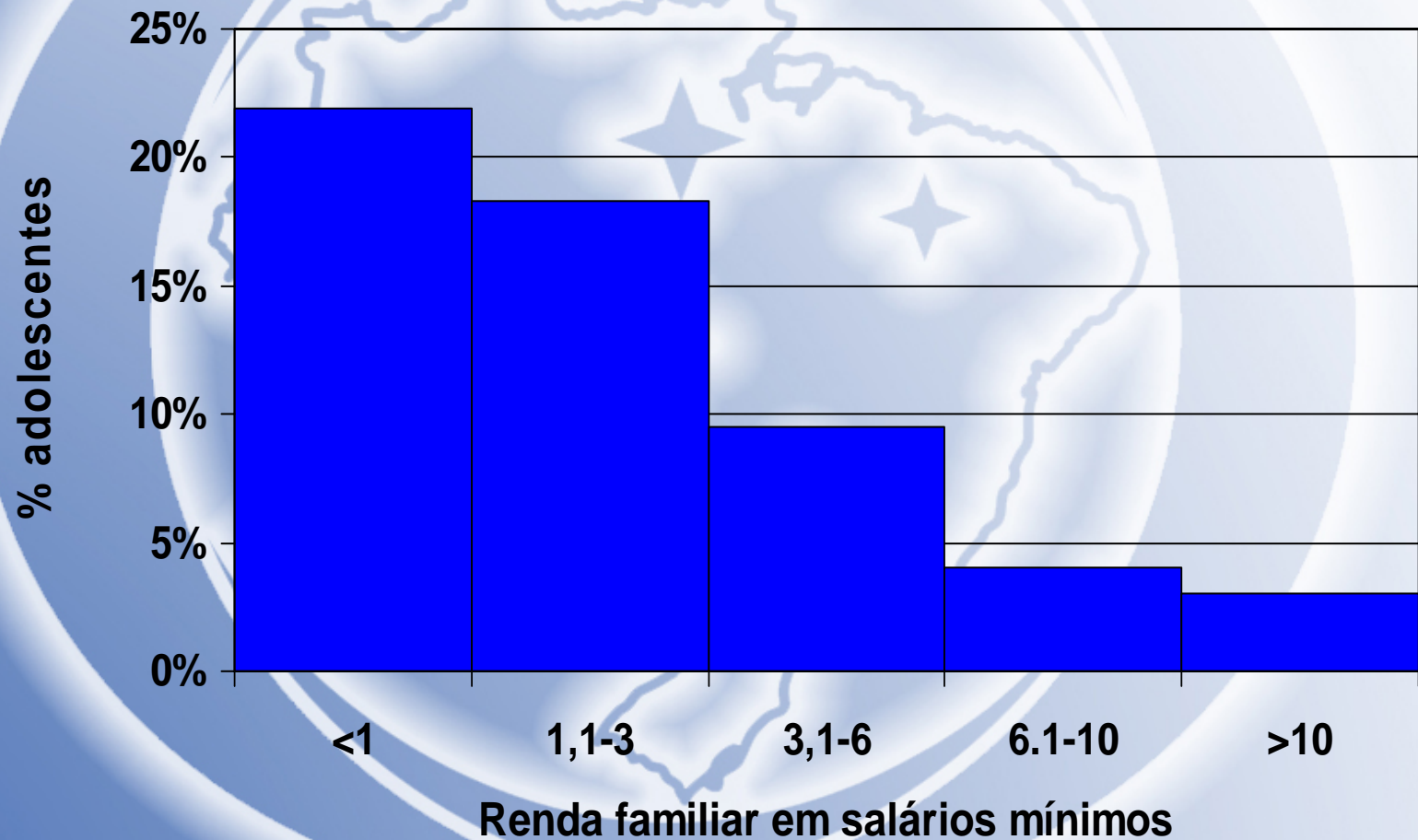
Fonte: IBGE - PNAD 2002.

Nota: Exclusiva a população rural de Rondônia, Acre, Amazonas, Roraima, Pará e Amapá.

Mamografia at least one in a lifetime. Brazil 2003



Percentage of adolescents that became pregnant and income Pelotas, 1982-2003



Research on Health Inequalities

(Nancy Adler)

- First generation: Poverty and Health
- Second generation: Health Gradients according SES
- Third generation: Mechanisms: How does SES get into the body?

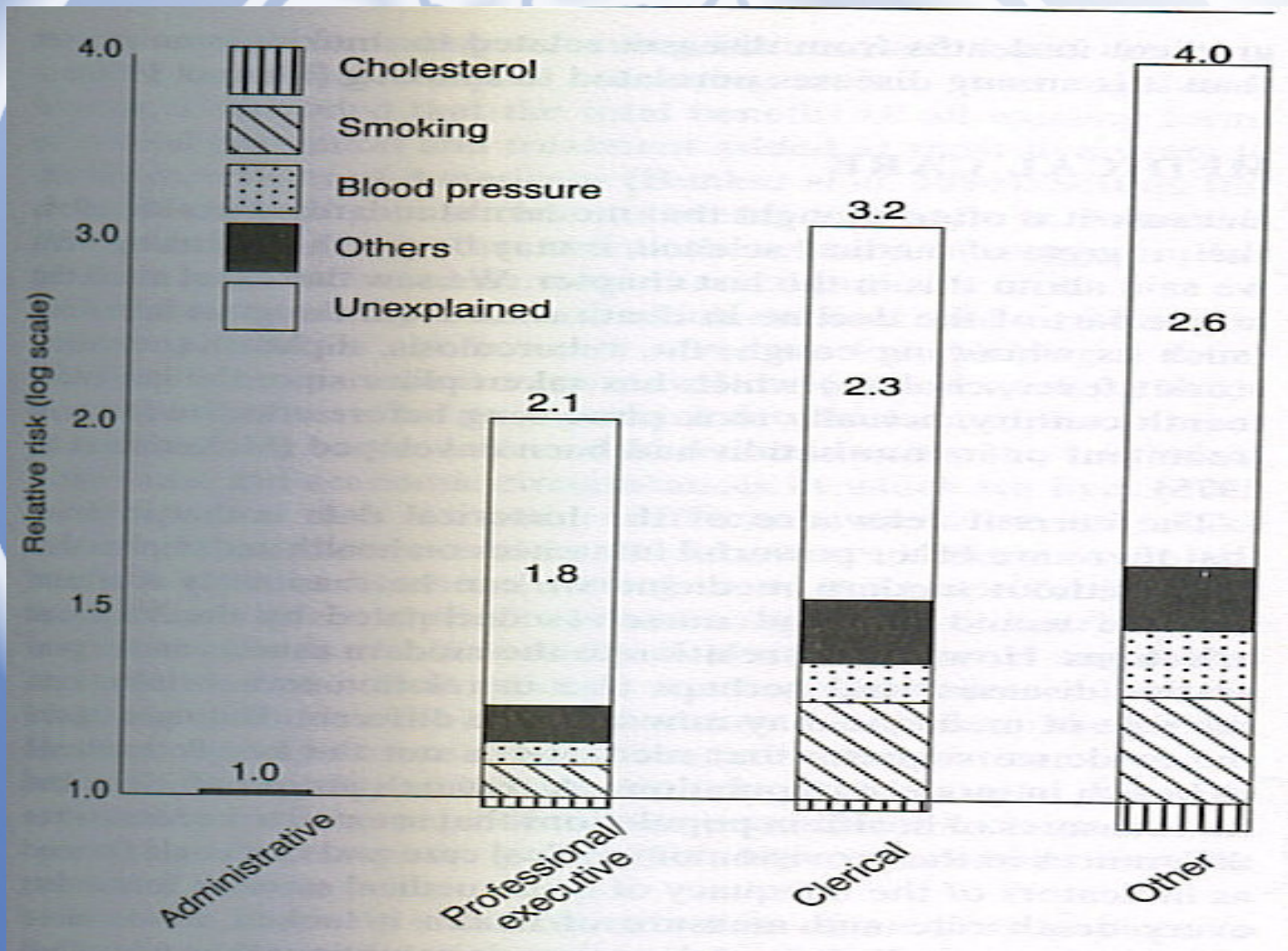
Research Questions



- Where health inequities among social groups originate?
- What are the pathways from root causes to health inequities?
- Where and how should we intervene to reduce health inequities?.

Relative risk of death by coronary disease according to occupation and proportion of differences due to individual risk factors

(Rose and Marmot, 1981)



Research Approaches:

How do income inequalities affect health?

- *Social, economic and political production of disease framework* : explicitly addresses economic and political determinants of health and disease. The effect of income inequality on health reflects both lack of resources held by individuals and under-investments in community infrastructure (education, health services, transportation, etc.) due to economic processes and political decisions.

Research Approaches:

How do income inequalities affect health?

- *Psychosocial factors*: explores the relationships between perceptions of social inequality, psychobiological mechanisms and health status, based on the view that people's perception and experience of personal status in unequal societies causes stress and poor health.
- “*Ecosocial*” *approach and other emerging multi-level frameworks*: try to integrate social and biological approaches in a dynamic, historical and ecological perspective.

Mechanisms of health inequities

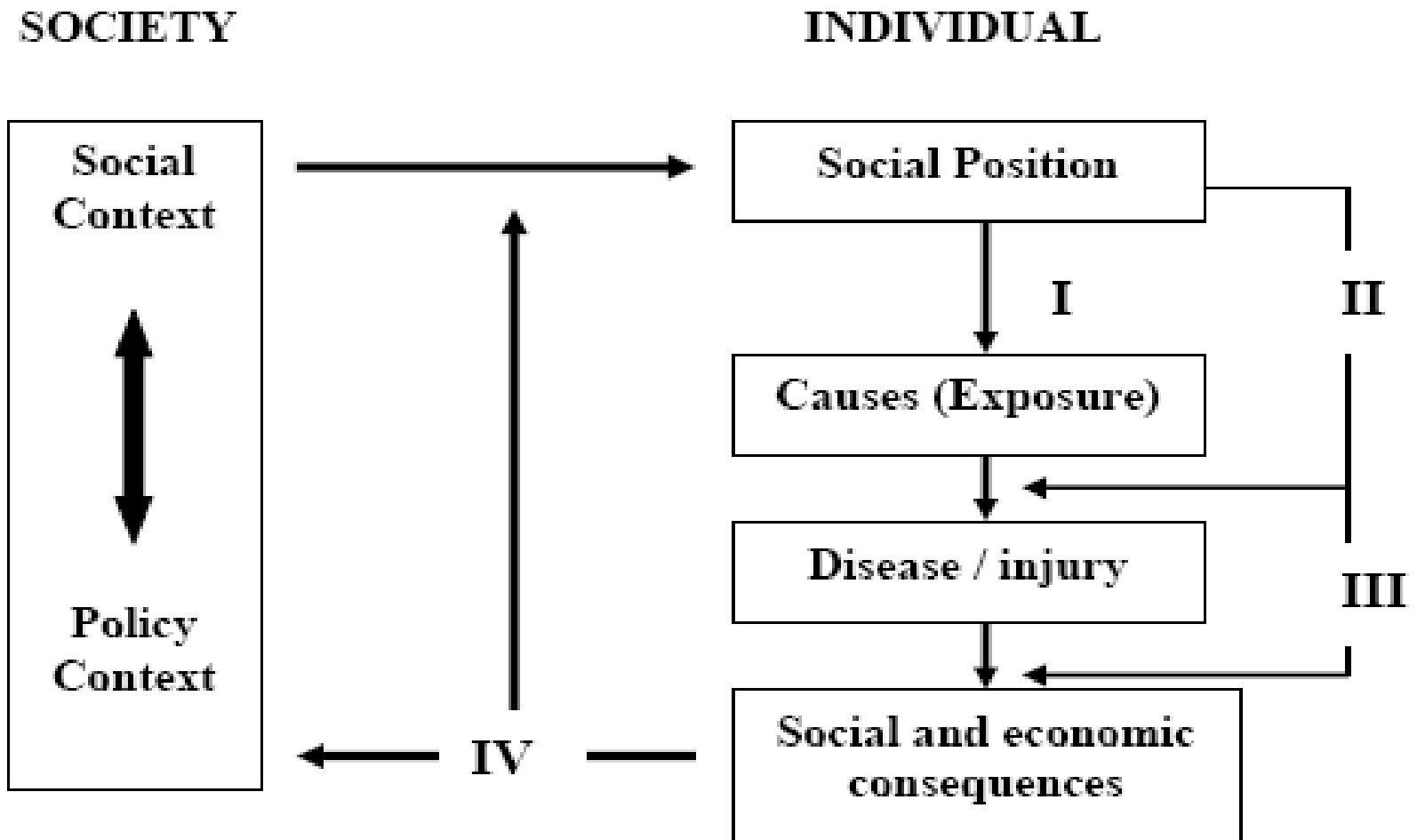
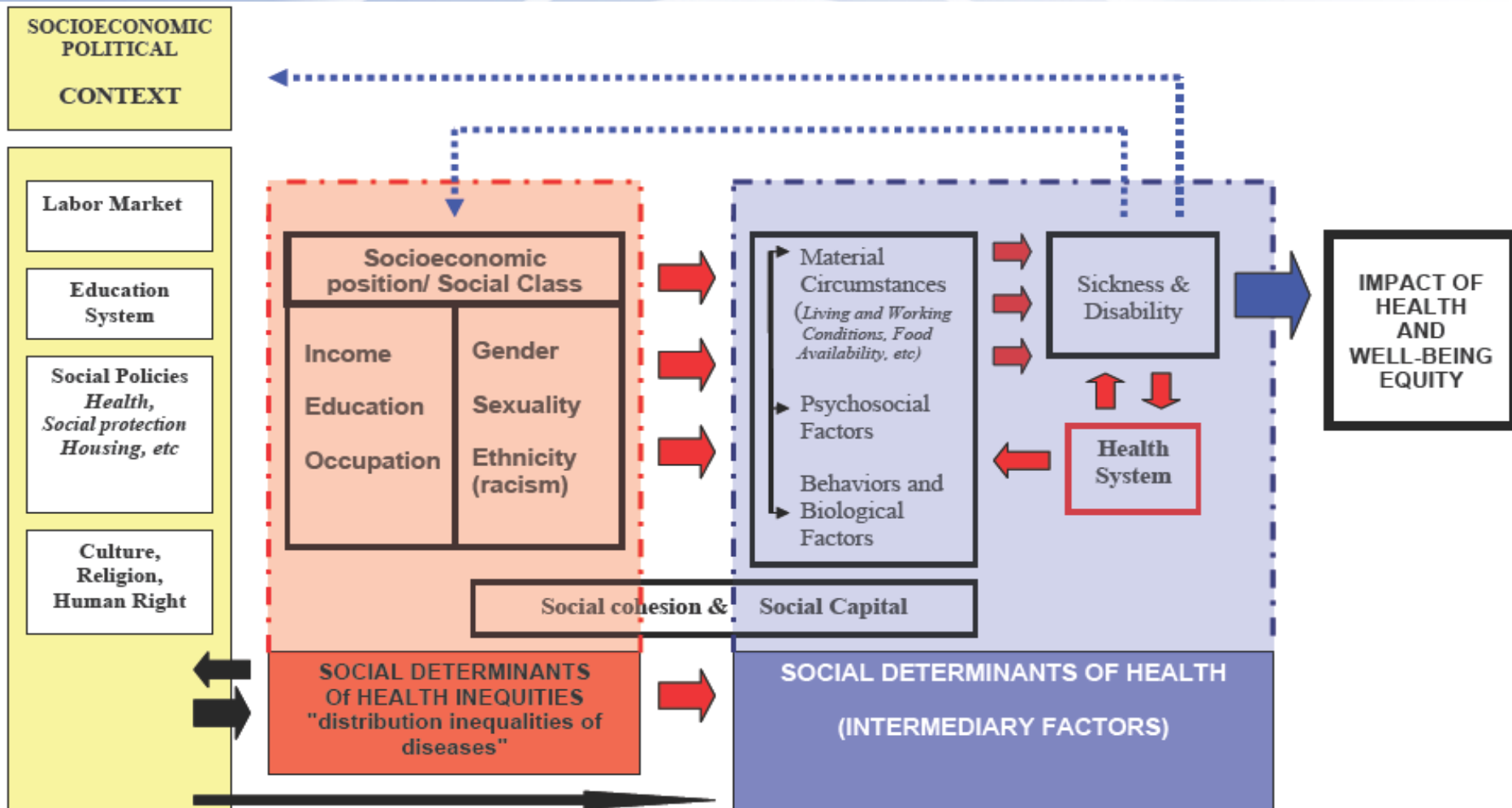


Fig: Diderichsen, et al. (2001).



¹ Elaborated for equity team based (opsh) on : Reducing inequalities in health a European Perspective J. Mackenbach, M Bakker 2002; Generating evidence on interventions to reduce inequalities in Health : the Duch case K. Stronks Scand J Public Helath 30 Suppl 59 ; Evans T, Whitehead M, Diderichsen F., Bhuiya A., Wirth M. Challenging inequities in health from ethics to action Oxford University express 2001

Context-specific strategies tackling both structural and intermediary determinants

Key dimensions and directions for policy

Intersectoral Action

Social participation and empowerment

Macro Level:
Public Policy

Meso Level:
Community

Micro Level:
Individual interaction

Policies on stratification to reduce inequalities, mitigate effects of stratification

Policies to reduce exposures of disadvantaged people to health-damaging factors

Policies to reduce vulnerabilities of disadvantaged people

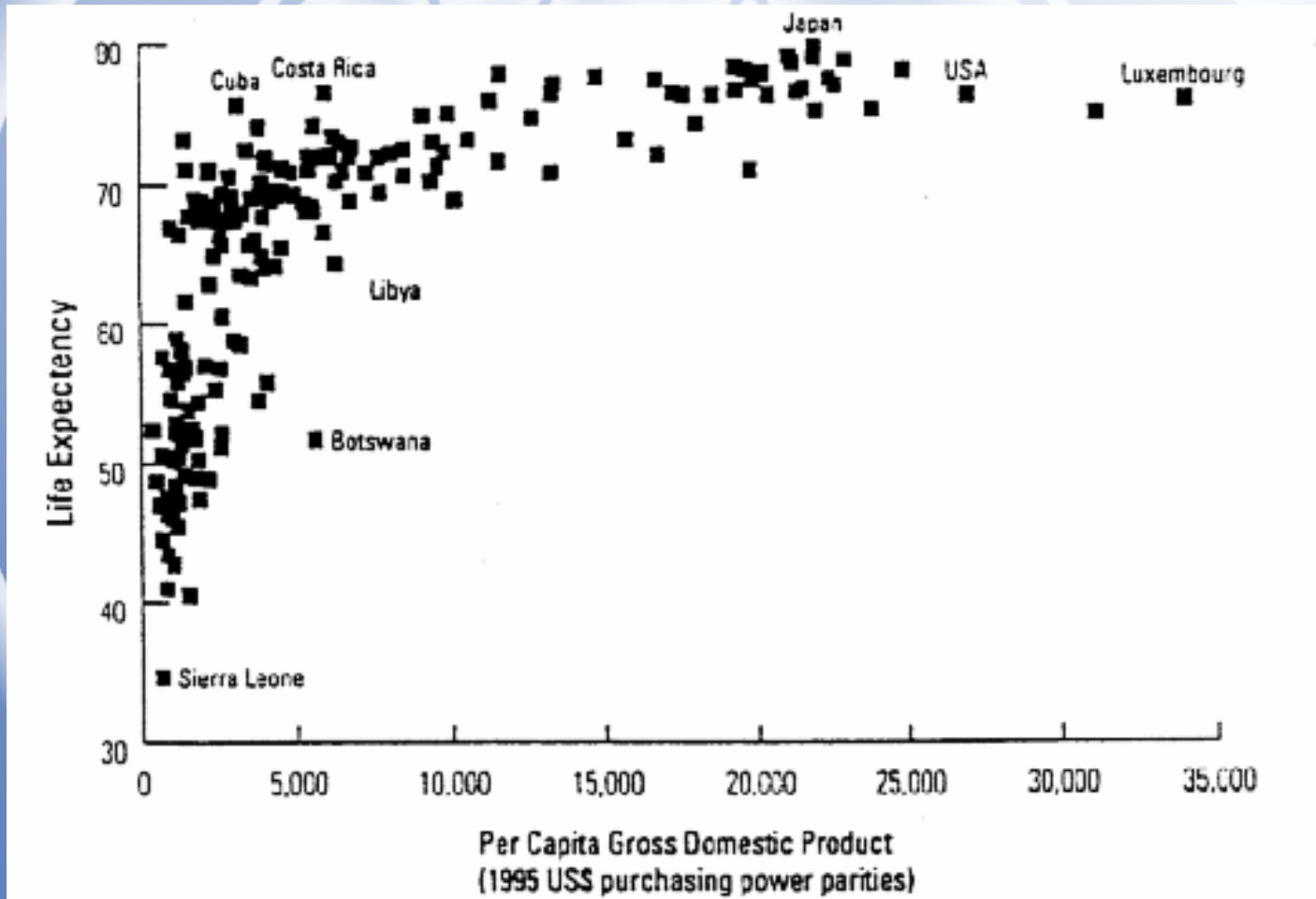
Policies to reduce unequal consequences of illness in on social, economic and health terms

- **Monitoring and follow-up of health equity and SDH**
- **Evidence on interventions to tackle social determinants of health (incl. intersectoral action)**
- **Include health equity as a goal in health policy and other social policies**

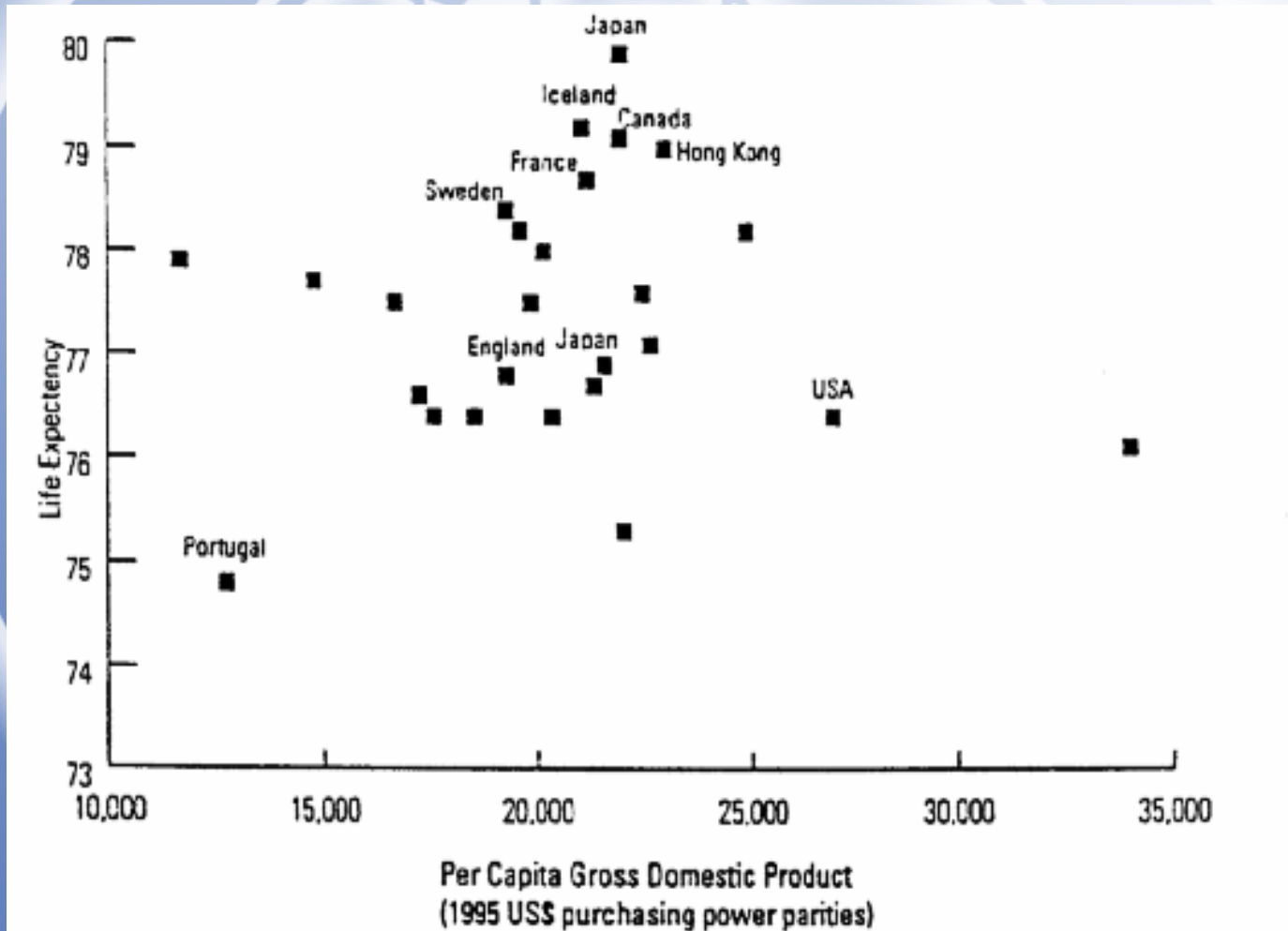
A glowing blue globe is centered on the image. Overlaid on the globe is a white outline map of the African continent. Five white, four-pointed stars are scattered across the map of Africa. The text "Inequity is bad for all" is written in a bold, black, sans-serif font across the center of the globe, partially overlapping the map of Africa.

Inequity is bad for all

Life expectancy at birth and GNP per capita (Daniels et al)

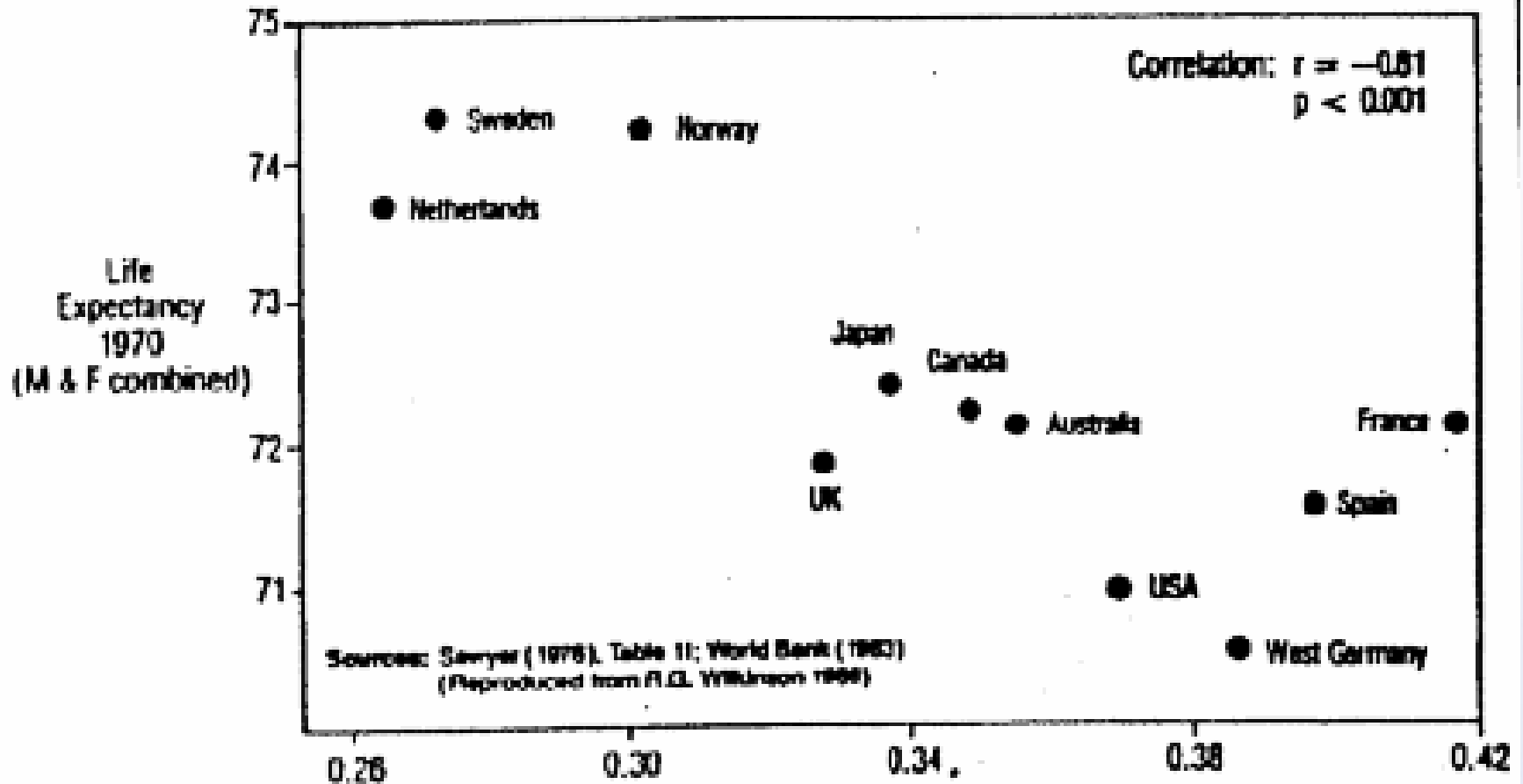


Life expectancy in countries with GDP per capita above US\$10.000 (Daniels et al)



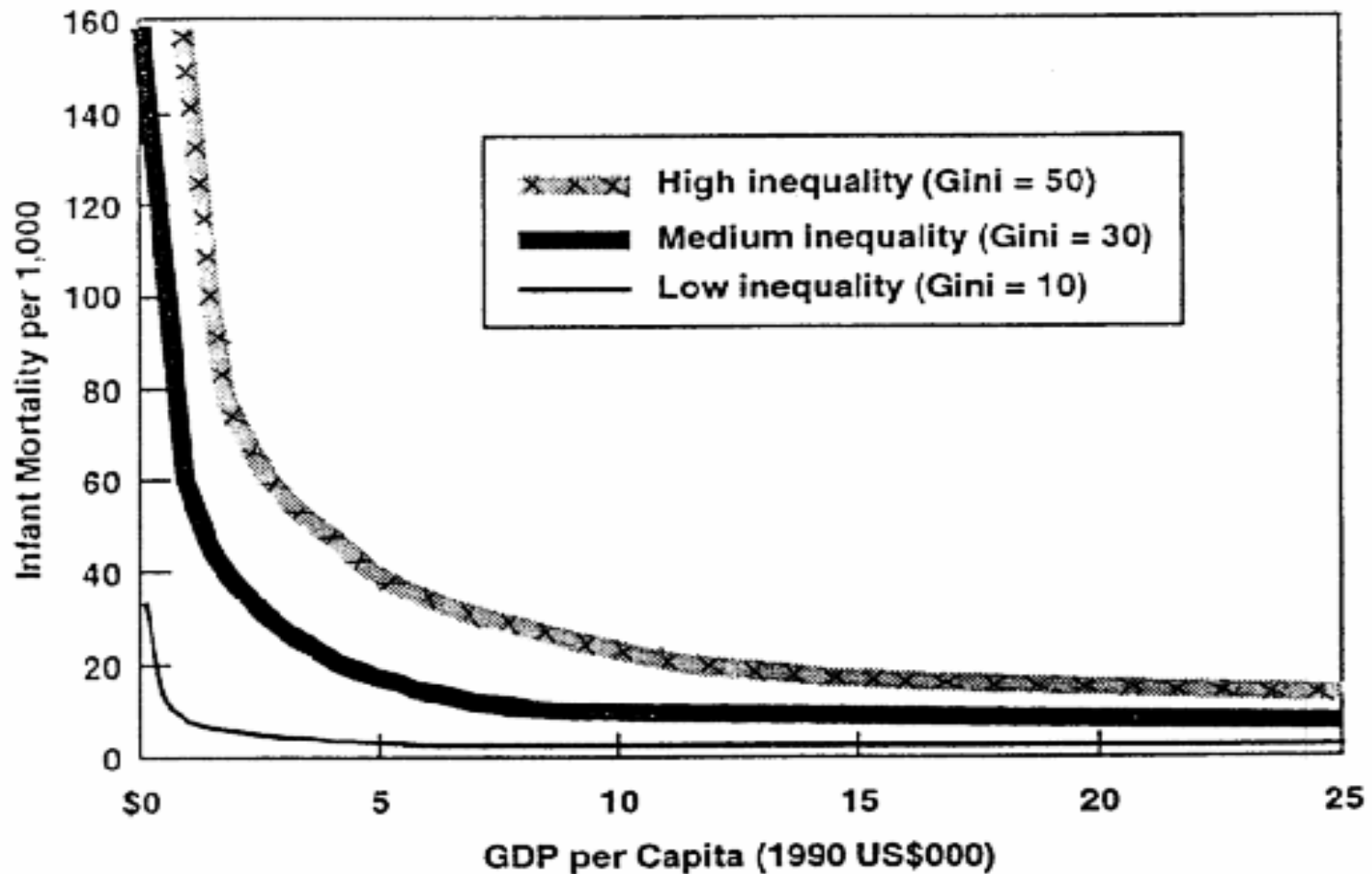
Life expectancy and income distribution in OECD countries

(Wilkinson)



Gini coefficients of post-tax income inequality, standardized for household size (inequality increases to the right)

Infant Mortality, GDP per capita and Income Inequality



Source: Hales et al. (1999).



**NIH Conference on Understanding and Reducing
Disparities in Health:
Behavioral and Social Sciences Research
Contributions**

October 23-24, 2006

**NIH Campus - Natcher Conference Center
Bethesda, Maryland**

Presentation materials at:

<http://obssr.od.nih.gov/HealthDisparities/presentation.html>

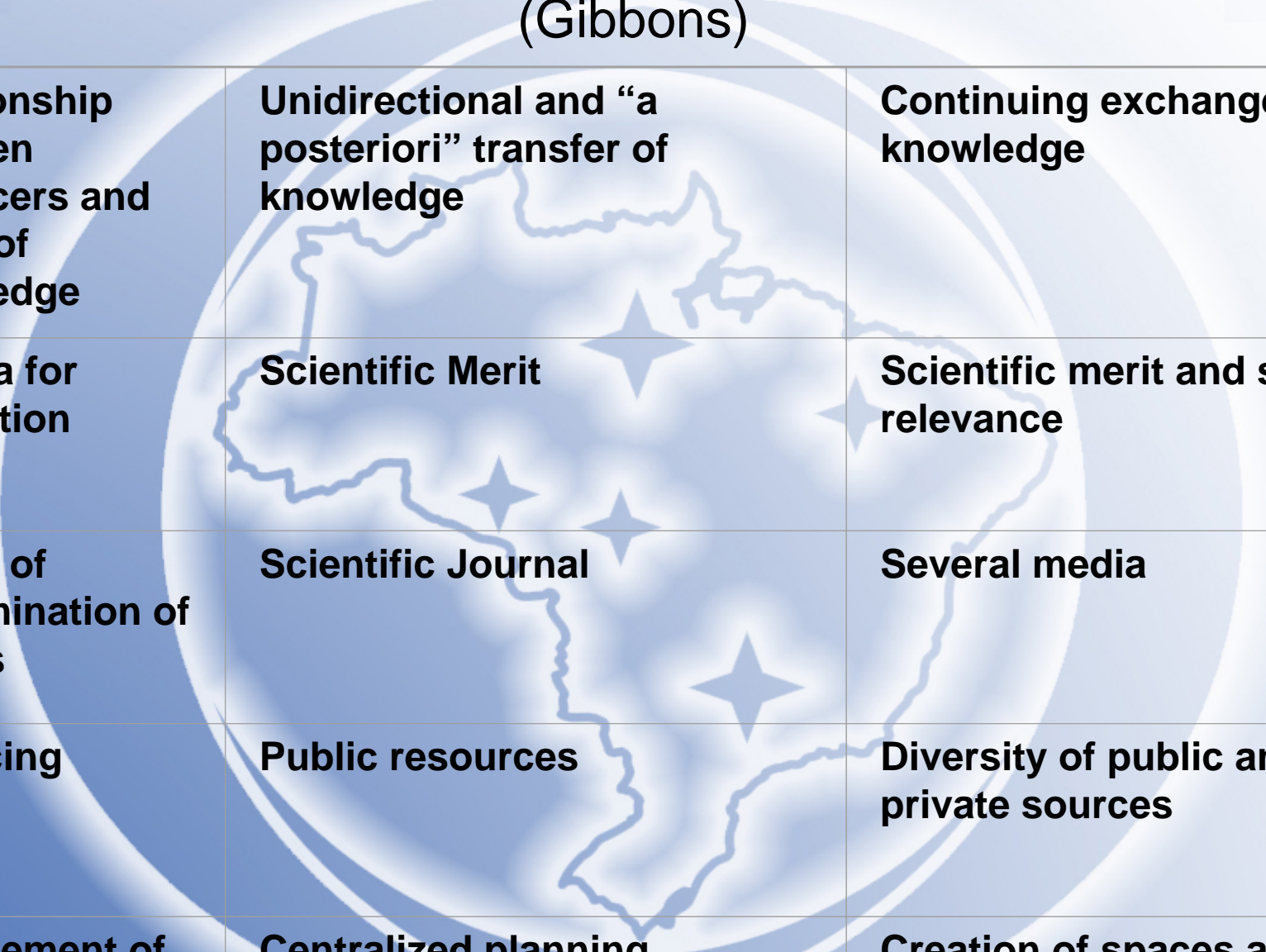
Modes of Production of Knowledge

(Gibbons)

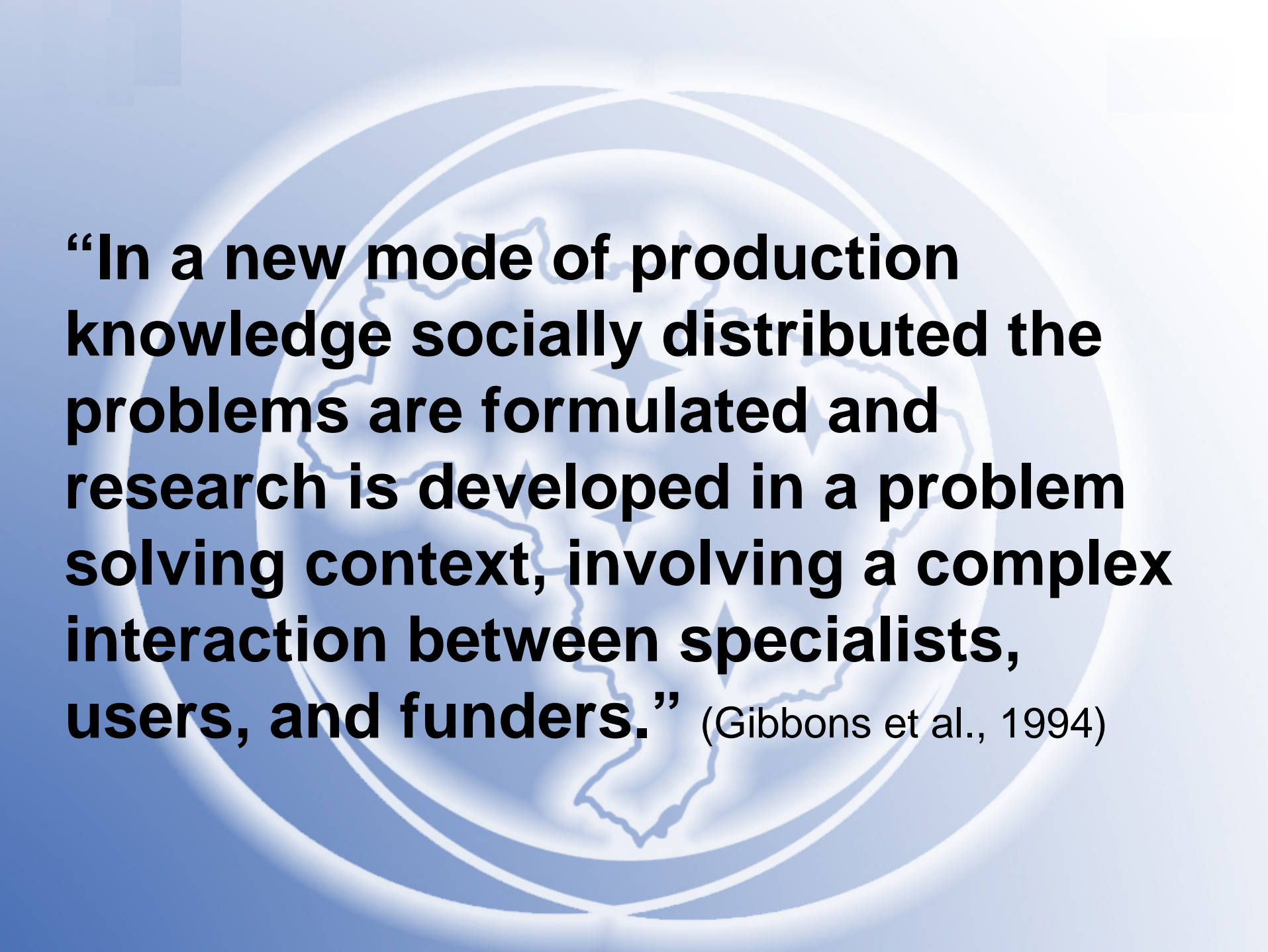
	“Traditional” (Mode 1)	Socially distributed (Mode 2)
“Locus” of production of knowledge	Institutions with walls, mainly universities and research institutions	Collaborative networks of institutions of different characteristics
Research agenda	Agendas defined by researchers according to the development of their disciplines	Agendas defined in contexts of application
Types of research	Basic (to know in order to understand) vs. Applied (to know in order to utilize)	Problem solving
Approach	Disciplinary	Transdisciplinary

Modes of Production of Knowledge

(Gibbons)



Relationship between producers and users of knowledge	Unidirectional and “a posteriori” transfer of knowledge	Continuing exchange of knowledge
Criteria for evaluation	Scientific Merit	Scientific merit and social relevance
Means of dissemination of results	Scientific Journal	Several media
Financing	Public resources	Diversity of public and private sources
Management of scientific activity	Centralized planning	Creation of spaces and opportunities for interaction



“In a new mode of production knowledge socially distributed the problems are formulated and research is developed in a problem solving context, involving a complex interaction between specialists, users, and funders.” (Gibbons et al., 1994)



**Brazilian National Commission
on Social Determinants of
Health (BNCSDH)**

BNCSDH and the Constitution

“Health is a right of all and a duty of the State and shall be guaranteed by means of social and economic policies aimed at reducing the risk of illness and the universal and equal access to actions and services for its promotion, protection and recovery.”

Brazilian Federal Constitution, art.196

Brazilian National Commission on Social Determinants of Health

- To generate information and knowledge on social determinants of health in Brazil.
- To contribute for the formulation and evaluation of public policies aimed to promote health equity
- To mobilize different sectors of government and civil society to address the social determinants of health in the country.

Process of creation of the BNCSDH

- Presidential Act creates the Commission on March 13, 2006
- On March 15, Ministry of Health appointed seventeen personalities of social, economic, cultural and scientific life to integrate the Commission
- The diversity in the composition of the Commission is an expression of the acknowledgement that health is a public good, constructed with the participation of all segments of the society

Composition of BNCSDH



- Adib Jatene
- Aloísio Teixeira
- César Victora
- Dalmo Dallari
- Eduardo E. Gouvêa
Vieira
- Elza Berquó
- Jaguar
- Jairnilson Paim
- Lucélia Santos
- Moacyr Scliar
- Roberto Smeraldi
- Rubem C. Fernandes
- Sandra de Sá
- Sônia Fleury
- Zilda Arns
- Paulo Buss (coord.)

Working Intersectorial Group partner of the BNCSDH

- Casa Civil
- Ministério da Fazenda
- Ministério do Planejamento
- Ministério da Saúde
- Ministério do Desenvolvimento Social e Combate à Fome
- Ministério da Educação
- Ministério da Ciência e Tecnologia
- Ministério da Cultura
- Ministério do Esporte
- Ministério das Cidades
- Ministério do Meio Ambiente
- Ministério do Trabalho e Emprego
- Ministério da Previdência Social
- Ministério do Desenvolvimento Agrário
- Secretaria de Políticas de Promoção da Igualdade Racial
- Secretaria de Políticas para as Mulheres
- CONASS
- CONASEMS
- Conselho Nacional Saúde
- OPAS/OMS

Favorable conditions for the work of the BNCSDH

- National scientific community with high quality scientific production
- Good health information systems
- NHS based on principles of equity and participatory management with local structures where decisions about policies and programs are made.
- Good dissemination of new TICs
- International legitimacy from WHO support
- Electoral campaign during 2006 and new government in 2007 facilitates national debate about public policies

The image features a central graphic of a globe with a glowing outline. Overlaid on the globe is a map of the African continent, also with a glowing outline. Five five-pointed stars are scattered across the map of Africa. The text "LINES OF ACTION" is written in a bold, black, sans-serif font across the center of the map. The background is a gradient of light blue to white, with some faint, larger-scale patterns.

LINES OF ACTION

LINES OF ACTION

- Production and Dissemination of information and knowledge
 - Policies and Programs
 - Social Mobilization
 - WEB Portal on SDH
 - International Projection
- 

1- Production and Dissemination of Knowledge and Information

To produce knowledge and information about relationships between social determinants and health situation, particularly health inequities, in order to support policies and programs.

1- Production and Dissemination of Knowledge and Information

- Call for research proposals: around US \$ 2 million assigned for research projects on SDH in 2006. Establishment of network of researchers and policy makers to discuss policy implications of intermediary research results
- Methodological seminars: measurement of inequities and evaluation of interventions
- Review, evaluation and dissemination of information systems related to SDH
- Participation in scientific congresses and meetings
- Publications

2- Policies and Programs

Promotion, support, follow-up and evaluation of governmental and non-governmental policies, programs and interventions at local, regional and national level.

2- Policies and Programs

- To support the work of the Intersectorial Group as a forum to identify, promote, coordinate and evaluate governmental actions on SDH
- To support the work of members of Health Councils at all levels through selective information dissemination and creation of opportunities for interaction among them to analyze experiences in SDH interventions.

3- Mobilization of civil society

CNDSS as a body and each one of its members in its respective field of action should identify opportunities of work in partnership with NGOs, associations and interest groups to develop advocacy actions aimed to create awareness about the importance of the relationships between health and living conditions and about the possibilities of acting to promote health equity

4- WEB Portal on SDH

- To disseminate information about activities developed by BNCSDH
- To publish original papers produced or supported by BNCSDH such as research reports, proceedings of methodological seminars and others.
- To collect and disseminate data, information and knowledge about SDH and SDH interventions existing in information systems and in national and international literature
- To establish spaces of interaction for strategic groups such as decision makers, researchers, media professionals and others.

Institutional Page



COMISSÃO NACIONAL SOBRE DETERMINANTES SOCIAIS DA SAÚDE

Rio de Janeiro, 24 de Abril de 2006

English | Español | A A

A Comissão

Linhas de ação

Textos

Apresentações

Parceiros

Fale Conosco |

Agenda

19 de abril de 2006

- Paulo Buss faz palestra na ENSP sobre Determinantes Sociais da Saúde

12 a 15 de abril de 2006

- XVII Encontro de Genética do Nordeste

12 a 15 de abril de 2006

- XVII Encontro de Genética do Nordeste

Desigualdades
e Iniquidades são
coisas diferentes ...

A missão da Comissão Nacional sobre Determinantes Sociais da Saúde



Ilustração: Cacoo

Para atuar nessas diversas frentes foi criada em 13 de março de 2006, por Decreto Presidencial, a Comissão Nacional sobre Determinantes Sociais da Saúde (CNDSS). Como não podia deixar de ser, dada a complexidade da tarefa, a Comissão está integrada por 17 personalidades oriundas dos mais diversos setores da vida social, econômica, cultural e científica do país. Para atuar nessas diversas frentes foi criada em 13 de março de 2006, por Decreto Presidencial, a Comissão Nacional sobre Determinantes Sociais da Saúde (CNDSS).

Leia mais...

Membros da Comissão



Maria Lucélia dos Santos nasceu em Santa Terezinha, cidade de Santo André ...



Paulo Marchiori Buss é médico, pesquisador-titular da Escola Nacional de Saúde ...



Sandra de Sá é carioca do bairro de Pilares e cresceu em meio aos tradicionais ...



Adib Domingos Jatene é médico, professor universitário e cientista ...

Salva mais...

Dê a sua opinião:

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WORLD HEALTH ORGANIZATION
COMMISSION ON SOCIAL
DETERMINANTS OF HEALTH

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www.determinants.fiocruz.br



5- International Projection

- To participate and to collaborate in activities organized by CSDH
- In partnership with PAHO, to participate in technical cooperation activities with Latin America and Portuguese speaking African countries to promote SDH approach in health policies and to create their own national commissions

THANK YOU

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