HP2010 Workgroup on System Interventions to Address Social Determinants of Health
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The Social Gradient

The "Social Gradient" refers to the positive and linear correlation between health and social status. As social status within populations appears to increase, so do positive health outcomes related to morbidity and mortality. Though this appears intuitively obvious, recent research has documented the effects of this gradient even when controlling for income and overall health status.

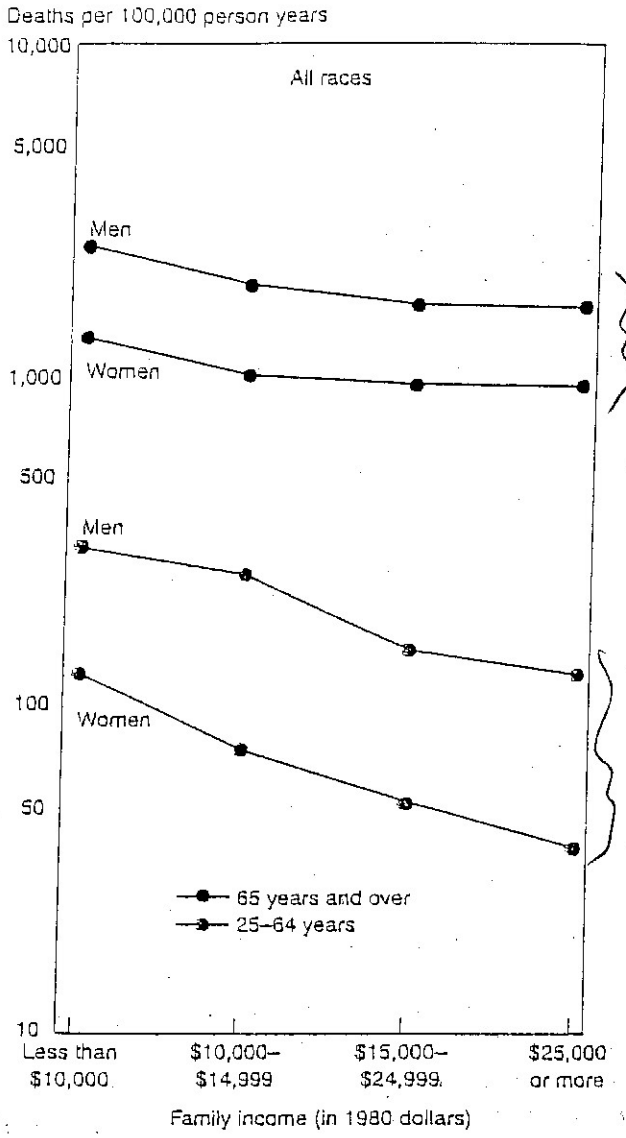
The following summary is to a paper presented by Lisa Berkman, Ph.D., Director of the Harvard Center for Society and Health, at the Kansas Conference on Health and Its Determinants, hosted by the Kansas Health Foundation in 1998.

Social networks and their support they provide are key determinants of morbidity, mortality and functioning. Social networks are influenced and in turn influence other key social structures. The pathways by which social experiences influence disease are undoubtedly multiple but data suggest it is biologically plausible that there are direct links between social connectedness, support, and disease processes. In order to reduce social inequalities in health stemming from social disintegration and social isolation, we will need to focus on population based preventive efforts that, at their core, promote social support and develop family and community strengths. Acknowledging that the health of the public rests not on the shoulders of only individuals but also of their families and communities means that we must commit resources over the next decade to developing and implementing policies in this area.

The data on the back of this paper illustrate two examples of the Social Gradient. Figure 1-8, taken from Novick and Mays, *Public Health Administration*, (p. 22) illustrates death rates in the U.S. from heart disease for men and women stratified by age as a function of family income. The second table, taken from "The Night Lives On," (Walter Lord, 1986), is the official death count for the sinking of the Titanic.

What do these tables suggest?

What reasons can you think of for why the slope for death rates for men and women < 65 years old is steeper than for persons greater than 64?



≥ 65

25-64

gure 1–8 Heart Disease Death Rates among Adults 25–64 Years of Age and Older by Family Income and Sex ited States, Average Annual 1979–89. *Source:* Reprinted from *Health United States, 1998 Socioeconomic tus and Health Chart Book*, p. 92, U.S. Department of Health and Human Services.