

Social Determinants of Maternal and Child Health: Data, Policy Implications and Opportunities

October 28, 2010
2:00 –3:00 p.m. ET

Questions and Answers

Q: If poor health is socially-reproduced due to various individual and environmental conditions, what sort of individual and environmental interventions should be undertaken to break the cycle? Any evidence-based studies?

A: (Dr. Miller) Our presentations focused on some of the best-documented relationships between individual circumstances, environmental conditions and health outcomes: parental (maternal) educational attainment; family income; and safe, stimulating and nurturing care early in life. We also outlined policy and program interventions that promote conditions conducive to better life-long health outcomes, including high quality early developmental services at home and in centers of care for children at elevated risk of poor health; through home visiting programs that improve young mothers' subsequent childbearing experience, school completion and work prospects; and through income and other resource supplementation programs, which alleviate material deprivations, food and housing insecurity, and the experience of stress that is associated with conditions of poverty. We reviewed and cited some of the evidence of the effectiveness of particular interventions in the presentations, but note that the scale of the problem is much larger than the scope of current initiatives and programs addressing the conditions leading to sub-optimal health among children.

Q: Where can an individual access research documents/statistics on all of these issues? I am interested in pursuing this topic for a thesis paper.

A: (Dr. Miller) The resources listed provide a good start on the documentation of these issues of child socioeconomic disadvantage and health, and evidence-based interventions. In addition to the largely U.S. experience that we discussed, the [WHO Commission on the Social Determinants of Health website](#) has links to a wealth of information, including background papers (organized by themes or knowledge networks, such as one on early childhood development) and the final report of the Commission, which were developed recently over several years of research and deliberation by the WHO Commission.

Q: Data is essential for research and policy making. What opportunities exist for linkage of databases with social determinates and health outcomes? Can you comment on Cost-Effectiveness Research on the Social Determinants and MCH Outcomes?

A: (Dr. Miller) Drawing conclusions about causal pathways between social determinants and health outcomes from observational data (e.g., linking databases) remains a difficult proposition, because of the likelihood of unmeasured confounding. However, there have been methodological advances in the

social sciences, such as using instrumental variables or natural policy variations across jurisdictions or phased-implementation that can simulate an experimental study design. Cost-effectiveness or benefit-cost analysis is increasingly being applied to social programs. Two noteworthy sources of information about such analyses are the [Washington State Institute for Public Policy](#) and the [Society for Benefit-Cost Analysis](#).

Q: There was not very much said about the link between mental health and physical health, don't you think mental health is also important? Also, you mentioned a lot about stress, but very little about psychopathology and that our county has dismantled its mental health system for children and for adults. How would you add this to your paradigm?

A: (Dr. Miller) Yes, we agree that mental health is very important, and that stress-related mental and physical illness is only part of the story about psychopathology. Because we focused on non-clinical interventions, we did not address the organization and adequacy of mental health services, apart from implicitly including them when [Dr. Miller] briefly referred to the integrated systems of services for at-risk children that many states are beginning to pursue.

Q: What can we do to elevate healthy child development at the National Level?

A: (Dr. Miller) Find opportunities to draw the connections between the conditions and environments of daily life for young children and their prospects for lifelong health and wellbeing. Make sure your elected representatives at the state and national levels are aware of the importance for a healthy and productive society 15 or 20 years hence of addressing the disadvantaged circumstances in which many American children are growing up.

About the MCHIRC

The Maternal and Child Health Information Resource Center (MCHIRC) is dedicated to the goal of helping MCH practitioners on the Federal, State, and local levels to improve their capacity to gather, analyze, and use data for planning and policymaking.

The MCHIRC is funded by the Maternal and Child Health Bureau's Office of Data and Program Development under the supervision of Gopal Singh, Ph.D. The Project Director is Renee Schwalberg, MPH.

This question and answer sheet was created by moderator Gretchen Noonan and is available online at:

<http://www.mchb.hrsa.gov/mchirc/dataspeak/events/2010/0616/materials/QandA.html>

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