A JHSPH-sponsored advertisement in Times Square, NYC
Photo: Matt Carr

"These lights broadcast a different message. We've lost lives."

SES.ORG: Studying Social Determinants of Health in Baltimore

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From left: Bryan James, Arijit Nandi, Manuel Franco
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"We've saved millions of lives. Including yours." This proclamation by the Johns Hopkins Bloomberg School of Public Health periodically illuminated a 520 square foot electronic billboard in New York City's Times Square for two weeks during this past November. If we travel from 42nd Street in Manhattan to Wolfe Street in East Baltimore we again see the Johns Hopkins Bloomberg School of Public Health name illuminated, but in this case it is by the flashing blue lights indicating the presence of an increasingly dense network of surveillance cameras stretching over East Baltimore and beyond. These lights broadcast a different message. *We've lost lives.* The disparity between the message advertised in the bright lights of Times Square and the message advertised in the bright lights in neighborhoods adjacent to our school is a metaphor for the disconnect between having the best school of public health in the world surrounded by neighborhoods with abysmal health. Why has some of the most substantial public health research in the world not translated to an improved quality of life for our neighboring residents of Baltimore?

We believe this gap is not driven by a lack of concern, but instead public health's—particularly modern epidemiology's—preoccupation with clinical and biological risk factors for disease. In his influential writings, Geoffrey Rose distinguished between two kinds of questions regarding the determinants of disease: 'why is this individual patient sick?' and 'why is this population sicker than other populations?'. Public health, with roots planted firmly in clinical medicine, has mainly sought to answer the first question. The response has been a biomedical, individually-centered research agenda aimed at identifying proximal risk factors for health outcomes and the behaviors associated with those outcomes. Despite considerable progress made in our understanding of disease etiology, there are important limitations to this approach. First, after adjusting for the constellation of known individual risk factors, socioeconomic disparities persist in nearly every health outcome. Second, individualistic approaches naively assume that individuals make decisions about health behaviors free of the social, economic, and environmental constraints and pressures from which behaviors emerge. Studying the biological and behavioral factors which place individuals at risk rather than the macrosocial context in which individuals are nested and risk is produced is, perhaps, missing the forest for the trees.

Maybe the question we should ask is 'why is this population sicker than other populations?' To answer this question, we must better understand macrosocial characteristics such as crime, poverty, and discrimination that provide the context that shapes behavior and regulates the probability of exposure to proximal risk factors, thus placing certain populations 'at risk for risk'. Rather than simply identifying high risk individuals within a given distribution of exposures, this strategy may help us to shift entire population curves so that the average exposure is lower for everyone, leading to otherwise unattainable improvements in health at the population level.

Despite its promise, social epidemiology has been criticized out of the belief that it is too difficult to translate research findings into interventions at the community and societal level. However, years of public health experience have demonstrated the limited success of interventions designed to promote changes in individual decision making and behavior. Billions of dollars have been spent on advertising campaigns designed to get people to quit smoking, eat healthier, stay physically active, practice safe sex, stop the violence and say no to drugs. Yet the syndemics associated with these activities still plague our societies and tax our healthcare system. If changes to the macrosocial environment are the lever that would have the most powerful effect on population health, then this should be the focus

(Continued on page 12)

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An open grocery store in East Baltimore
Photo: Charles Lerin and Manuel Franco

(Continued from page 11)

of public health researchers. The obstacle to making these changes is a lack of political and collective will coupled with a short-sighted view of public health's goals and capabilities. We must adopt a multidisciplinary approach aimed at understanding social conditions as determinants of health in order to at create an evidence base for informing practice and policy at the population level.

The students of JHSPH Social Epidemiology Student Organization (SES.org) are dedicated to incorporating this broader view of public health and its goals into their research. For example, the three co-directors are currently engaged in dissertation projects assessing neighborhood determinants of health in Baltimore City, including food availability and cardiovascular disease, social capital and injection drug use, and crime and social activities. SES.org provides an environment for students with a wide variety of research backgrounds to discuss their common interest in the social determinants of health. We organize student-led journal clubs to discuss prominent articles and topics, hold research-in-progress seminars to critique students' ongoing work, and coordinate working groups to conduct primary research and produce papers for publication. We invite distinguished researchers from other universities and research institutions to speak about their seminal work. On April 12 of this year, Anna Diez-Roux from the University of Michigan will be delivering the second Annual Lectureship in Social Epidemiology. We look forward to continuing our endeavors as well as expanding our horizons by adding new activities and increasing our membership across all JHMI schools and departments. If you share our vision, please come and join us.