The Rockefeller Foundation | BU School of Public Health

EXECUTIVE SUMMARY

Data, social determinants, and better decision-making for health: The report of the 3-D Commission

In April 2020, The Rockefeller Foundation and Boston University School of Public Health launched the Commission on Health Determinants, Data, and Decision-Making (3-D Commission) with the aim of creating a common language among health determinants, data science, and decision-making—both health and non-health related—toward the end of improving the health of populations. This report—an output of more than a year of discussion and research among a multisectoral group of distinguished experts representing academia, the private sector, civil society, and government—explores the key social and economic drivers that influence health outcomes and illustrates how data on social determinants of health (SDoH) can be integrated into decision-making processes. The report also offers a set of principles and recommendations designed to support the development of a SDoH-based, data-driven approach to decision-making and foster demand for public and private investment in SDoH.

A holistic view of social determinants of health

In this report, the 3-D Commission argues for a holistic definition of SDoH to drive cross-sectoral collaboration, address health inequities, and promote accountability. The 3-D Commission proposes that SDoH include all forces outside of the body that affect health, including local, national, and global political and policy decisions and laws, religion and culture, the environment, commercial influences and forces that structure the availability of goods and services, and individual and collective emotions. This comprehensive view of SDoH will help decision-makers engage in more expansive and collaborative thinking about strategies that can effectively improve health outcomes. It will also help to assign responsibility—and accountability—for addressing health inequities across the international system, government branches, the private sector, cultural and religious institutions, and communities.

Using data on social determinants to improve health

The recent proliferation of big data presents tremendous potential and opportunity both to better understand SDoH and to guide decision-making to the end of improving the health of individuals and populations. However, a lack of leadership, prioritization, and investment has impeded progress in effective translation of such progress into data-driven action on SDoH. There are multiple challenges to achieving such goals including, data availability, data hierarchy, nonuniform definitions and measurements of SDoH, public mistrust in the use of big data, and lack of engagement of marginalized populations. All these challenges are experienced across high-income, middle-income, and low-income countries to varying degrees. Overcoming these challenges requires leadership at the global, regional, national, and local levels to set a data for SDoH agenda that—with input from the communities and populations that are directly affected—can be translated into action.

Forging a new path to decision-making for health

Despite increasing awareness of the need to incorporate SDoH into decision-making by academia and civil society, the uptake of evidence-informed policies and programs that tackle SDoH or build on the growing availability of data to improve health outcomes has been slow. Progress is impeded because various SDoH often fall outside of the health sector and non-health decision-makers do not always account for health indicators when measuring

success within their sectors. Catalyzing action for health across different sectors requires a common language and an understanding that improved health should translate to returns on financial investment and gains in productivity as well as overall population well-being. Moreover, catalyzing action on SDoH necessitates that the values of decision-makers are aligned with improving health and living conditions for their communities.

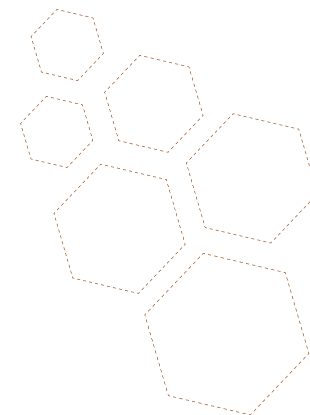
Political will among decision-makers is a critical challenge to enacting SDoH-focused policy. As the impact of policies addressing SDoH will likely be invisible in the short term, from the perspective of politicians beholden to short and frequent election cycles, there is little incentive to make the requisite investments. The complexity and interactions between potential solutions to address different SDoH also make it difficult to establish priorities among several competing interventions. Promoting population health is a choice that the decision-maker must make consciously, sometimes irrespective of short-term political exigencies.

Additionally, decision-makers often take actions based on their own knowledge, experience, and positions in society. However, their personal realities and understanding of the population may be vastly different from those individuals within the community who will be most affected by their decisions. Priorities, agendas, and decisions are more likely to be trusted if the decision-making process is transparent and incorporates meaningful engagement with community stakeholders. Decisions that include both the people who need to implement the decisions and the people who will be most directly affected by the decisions are more likely to be seen as legitimate and acceptable by all parties.

Looking ahead: connecting determinants, data, and decision-making

There are three interconnected, pragmatic areas needed for the vision of the 3-D Commission to translate into actionable policies and programs: political will, technical capacity, and community engagement. First, creating political will requires developing a common language with decision-makers in different sectors, highlighting the potential return on investment for other sectors, and nuancing and broadening metrics of societal advancement beyond economic indicators. Importantly, the values and principles of decision-makers need to be aligned with the goal of improving the health of populations. Second, technical capacity is needed to translate a new appreciation for data and SDoH into actionable directives that can be used to improve policy decisions and population health outcomes. Scholarly and technical institutions can help policy makers bridge the gaps in their usual decision-making processes. Third, engaging communities in decision-making processes can then lead to better decisions being made. Inclusion in the decision-making process means that decision-makers listen to a wide range of stakeholders while formulating decisions, this diversity of thought and perspective helps to compensate for the lack of perfect data. The three areas also require a basic level of trust from the population, which in turn, can lead to greater levels of trust that will inform, support, and reinforce better decision-making.

To improve the health of populations and address health disparities caused by social structural inequities—and exacerbated by COVID-19—a whole-of-society approach is needed. This will require a concerted effort to reframe key issues and adopt common understandings of cross-sector challenges that affect health. All relevant actors must understand the role SDoH play in shaping health outcomes; therefore, critical questions on data collection and use will need to be addressed. Importantly, all decision-makers, regardless of their official mandate, should be held accountable for the health and well-being of the populations they serve. This report—and its principles and associated recommendations—offers a roadmap for making these goals a reality.

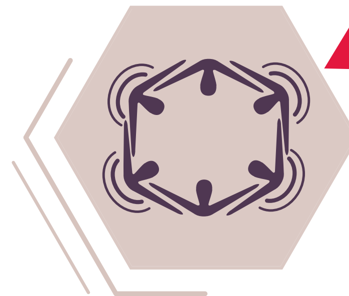


3-D Commission principles

PRINCIPLE 2
All decisions about investments in any sector need to be made with health as a consideration.

PRINCIPLE 1
Evidence-informed decision-making to promote healthy societies needs to go beyond health care and incorporate data on the broader determinants of health.

PRINCIPLE 3
Decision-making that affects the health of populations needs to embrace health equity, while also acknowledging potential trade-offs between short- and long-term costs and benefits.



PRINCIPLE 6
Evidence-informed decision-making to promote healthy societies needs to be participatory and inclusive of multiple and diverse perspectives.

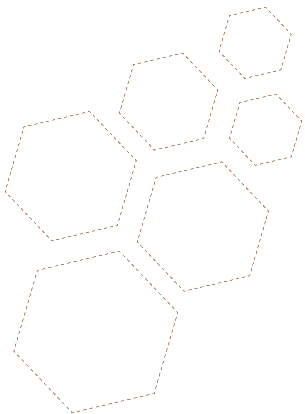
PRINCIPLE 4
All available data resources on the determinants of health should be used to inform decision-making about health.

PRINCIPLE 5
Data on the social determinants of health should contribute to better, more transparent, and more accountable governance.

3-D Commission recommendations

Additionally, the 3-D Commission has identified four core tactics that can be used when implementing data-informed decision-making on SDoH. The following key recommendations support the translation of the principles into action:

- Relevant international, regional, national, and local entities, including funders, should **systematically collect and make available, in real time, quality data characterizing the full range of determinants of health—including for example, education, housing, economics—to decision-makers and communities locally and nationally.**
- National governments should **develop transparent systems that collect data about the social determinants of health, and explicitly use these data in decision-making processes.**
- Relevant international, regional, national, and local entities, including funders, should **embed follow-through monitoring processes to ensure accountability for data-informed decision-making around health.**
- Relevant international, regional, national, and local entities, including funders, should **center community engagement in acquisition and interpretation of data and make such data widely available to relevant communities.**



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